No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42406

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11217

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY St. Louis.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. 2139

**3. NAME OF DECEASED** (Type or Print)
a. (First) John b. (Middle) Fred c. (Last) Merhoff
John F. Merhoff

**4. DATE OF DEATH** (Month) (Day) (Year) 12-21-55

**5. SEX** male
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Sep.
**8. DATE OF BIRTH** June 23, 1875
**9. AGE** (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Stock Clerk (Retired)
**10b. KIND OF BUSINESS OR INDUSTRY** Rice-Stix, Inc
**11. BIRTHPLACE** (City and State or Foreign Country) Missouri St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Christian Merhoff
**13b. MOTHER'S MAIDEN NAME** Fredericka Hellmann
**14. NAME OF HUSBAND OR WIFE** xxxx. Pauline Boege Holtz

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 497-18-3717
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Msrie Gerau, ADDRESS 3643a Phillips Place
A Hospital Records

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 420.0
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12-8-55, 19___, *to* 12-21-55, 19___, *that I last saw the deceased alive on* 12-21-55, 19___, *and that death occurred at* 10:40 a.m. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) George M. Tanaka, M.D.
**23b. ADDRESS** 5800 Arsenal
**23c. DATE SIGNED** Dec. 21, 1955

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Dec 24 1955
**24c. NAME OF CEMETERY OR CREMATORY** Friedens Cemetery
**24d. LOCATION** (City, town, or county) St. Louis (State) Missouri

**DATE REC'D BY LOCAL REG.** DEC 22 1955
**REGISTRAR'S SIGNATURE** J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Ave

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clement McMan

Licensed Embalmer No. 37

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.