

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42918

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3058

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Manchester Rt 1</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>10626 Conway Rd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Oliver</u>	b. (Middle) <u>Louis Albert</u>	c. (Last) <u>Mertz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 16, 1908</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maint. Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brewers Inst.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mike Mertz</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Eschenbrenner</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Gibson Mertz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-30-1684</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Mertz St. Louis 24, Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Heart Failure, Chronic Hypertension</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>416X 4017</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from December 19, 1952, to December 28, 1955, that I last saw the deceased alive on December 27, 1955, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Knight</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>12/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stratman Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-28-55</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>
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SH. (Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *458*.....

P. O. Address *Bullwin,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.