

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11142

State File No. ....

318

1003

Registrar's No. .... 2406

|  |                                  |  |   |   |   |   |  |   |  |
|--|----------------------------------|--|---|---|---|---|--|---|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____  |   | State File No. ....   |  | Registrar's No. ....  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY   |   |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |                                  |  | c. LENGTH OF STAY (In this place)                 |   | c. CITY OR TOWN St. Louis   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fairman Desloge Hospital</b>  |                                  |  |   | STREET ADDRESS (If rural, give location)<br><b>21/ 1224 N. Garrison 221/6</b>   |   |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | a. (First) <b>Andrew</b>   |   | b. (Middle)   |   | c. (Last) <b>Merchant</b>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 5, 1956</b>      |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | <b>Single</b>                                     | 8. DATE OF BIRTH<br><b>2/2/1902</b>   |   | 9. AGE (In years last birthday)<br><b>54</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min   | IF UNDER 24 HRS.<br>Hours Min   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mantia Fruit Co.</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country) /<br><b>Tuskegee, Alabama</b>  |   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |   |  |
| 13a. FATHER'S NAME<br><b>James Merchant</b>  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Myrtle Wright</b> |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes WWII</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>492-12-9168</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Albert Merchant, 3838a Kennerly</b>   |   |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Pyelonephritis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 months</b><br><b>2 years</b> |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>600.0</b>   |   |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |   |  |
| 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?  |   |   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>June, 1955</b> , to <b>3-5, 1956</b> , that I last saw the deceased alive on <b>3-5, 1956</b> , and that death occurred at <b>2:55 P. m.</b> , from the causes and on the date stated above. |                                  |  |   |   |   |   |  |   |  |
| 23a. SIGNATURE<br><b>Jack Zudner</b>   |                                  |  | (Degree or title)<br><b>M. D.</b>                 |   |   | 23b. ADDRESS<br><b>4500 Olive St., St. Louis 8, Mo.</b>                             |  | 23c. DATE SIGNED<br><b>3-6-56</b>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 24b. DATE<br><b>3/10/56</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Montgomery, Alabama</b>         |  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 7 1956</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Charles J. Gates, 4107 Finney Ave.</b> |   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Arthur L. Hilliard*

Licensed Embalmer No. .... 4

P. O. Address 4107 Finn

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