

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43525

RECORDED JAN 15 1957

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 12001

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>EAST ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. PAC. BMP. HOSP. ASSN.</u>		d. STREET ADDRESS (If outside, give location) <u>921 South 13th St.</u>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>MERRIWEATHER</u> Last <u>MERRIWEATHER</u>	4. DATE OF DEATH Month <u>DEC</u> Day <u>26</u> Year <u>1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 7, 1894</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> Hours <u>12</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>12</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARD LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and state or country) <u>DENMARK, TENN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13. FATHER'S NAME <u>ELBERT MERRIWEATHER</u>	14. MOTHER'S MAIDEN NAME <u>Clara ?</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>---</u>	17. INFORMANT Address <u>Helen M. Middlebrook 1409 Dundley</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningitis</u>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pneumonia; Diabetes Mellitus</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis Mo.</u>	20f. CITY, TOWN OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>July 1956</u> to <u>12/26/56</u> and last saw her alive on <u>12/26/56</u> . Death occurred at <u>12/26/56, 9:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles Jones M.D.</u>	22b. ADDRESS <u>1755 S. Grand.</u>	22c. DATE SIGNED <u>12/28/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-29-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	23d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>
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24. FUNERAL DIRECTOR ADDRESS <u>M. Frances Nash 111 N. 13th</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 29 1956</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>
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Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

2100 172

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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 *M. Frances Wash*

Licensed Embalmer No. *44*

P. O. Address *3847*

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.