

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10730

FILED MAR 18 1957

318

1003

STATE FILE NUMBER

1759

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital				Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4500 Washington Blvd.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ARTHUR H. MERTEN				4. DATE OF DEATH Feb. 18th, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 20th, 1870		9. AGE (In years last birthday) 86		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY BREWERY Bookkeeping		11. BIRTHPLACE (City and state or country) Quincy, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Merten				14. MOTHER'S MAIDEN NAME Carolina (Unknown)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Harold A. Merten 5660 Kingsbury				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease 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 (n) Adenocarcinoma of colon metastasized liver								
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.)						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from January 10, 1957 to February 18 and last saw him alive on 17 Feb 57 Death occurred at 11:00P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. Barlow M.D. (Degree or title)				22b. ADDRESS 110 S. Central Clayton		22c. DATE SIGNED 20 Feb		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/21/57	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, of county) (State) St. Louis County, Missouri			
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis Mo.				25. DATE RECD. BY LOCAL REG. FEB 21 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

Pa. 7/2011

1:30 PM to 3:00 PM
Wednesday Sure

File in City

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 *Ralph C. Zindler*

Licensed Embalmer No. 427

P. O. Address St. Louis

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