

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15036

FILED APR 26 1957

318

PRIMARY REG. DIST. NO. 1003

State File No. 3623  
Registrar's No. 3623

|   |  |   |   |   |  |   |  |
|---|--|---|---|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO.  |   | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br>None  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo.<br>b. COUNTY None |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>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 type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>01 4211 E. Finney Ave.   |  |   |   | e. STREET ADDRESS (If rural, give location)<br>1110 4211 E. Finney Ave.   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Alex<br>b. (Middle) W.<br>c. (Last) MERCER   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>April 11, 1957 |   |  |   |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>Negro   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   |  | 8. DATE OF BIRTH<br>Dec. 14, 1905   |  |
| 9. AGE (In years last birthday)<br>57   |  | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br>Enterprise, Miss.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Lubricator   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Auto Parking   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br>Enterprise, Miss.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  |
| 13a. FATHER'S NAME<br>Alex Mercer, Sr.  |  | 13b. MOTHER'S MAIDEN NAME<br>Viola  |   | 14. NAME OF HUSBAND OR WIFE<br>Ira Mercer   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>499-01-1144  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Ira Mercer, 4728 Olive St.   |  |   |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.       |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>434.1   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 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 building, etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |  |
| 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?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>8, 19</u> , to <u>19</u> , that I last saw the deceased alive on <u>8, 19</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above. |  |   |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><i>James C. Dyer</i>  |  |   |   | 23b. ADDRESS<br><i>1300 Elm</i>   |  | 23c. DATE SIGNED<br><i>4/11/57</i>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |  | 24b. DATE<br>4/17/57  |   | 24c. NAME OF CEMETERY OR CREMATORY<br>Meridian, Mississippi   |  | 24d. LOCATION (City, town, or county) (State)   |  |
| DATE REC'D BY LOCAL REG.<br>APR 16 57   |  | REGISTRAR'S SIGNATURE<br><i>J. E. Smith MO</i><br>MOB   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Cunningham & Moore, 2405 Marcus   |  |   |  |

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 *Edward G Flynn*.....

Licensed Embalmer No. *4444*.....

P. O. Address *Harlock Pa*.....

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.