

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26365
STATE FILE NUMBER 6517

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300 D
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Potosi	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
05 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General		Length of stay in lb 4 days	
3. NAME OF DECEASED (Type or print) Anne First Middle Last Mercille		4. DATE OF DEATH Month Day Year July 9 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 29, 1887
9. AGE (In years last birthday) 69		10. BIRTHPLACE (City and state or country) Old Mines, Missouri	11. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. BIRTHPLACE (City and state or country) Old Mines, Missouri
13a. FATHER'S NAME Henry Portell Mercille		13b. MOTHER'S MAIDEN NAME Cornellie Trokey	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Donald Mercille, Son Cadet, Mo.
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>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cecubitus ulcer</u> DUE TO (c) <u>Multiple sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345x			INTERVAL BETWEEN ONSET AND DEATH one day two weeks two years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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 <u>July 6</u> to <u>July 9</u> and last saw her alive on <u>July 8, 1957</u> Death occurred at <u>6 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles S. Shewin, M.D.</u>		22b. ADDRESS 3720 Washington Blvd. (8)	22c. DATE SIGNED 7-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-12-1957	23c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery	23d. LOCATION (City, town, or county) (State) Old Mines, Missouri
24. FUNERAL DIRECTOR <u>William W. Smith</u> ADDRESS Potosi Mo		25. DATE RECD. BY LOCAL REG. JUL 12 '57	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8001

8.7

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. H. Boyer*

Licensed Embalmer No. 4158
P. O. Address Totosi Mo

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.