THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33796

STATE FILE NUMBER 8891

FILED OCT 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Missouri Baptist Hosp. — Length of stay in 1b 24 dys.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 216 3410 Miami St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Charles Middle J. Last Lind

4. DATE OF DEATH Month Sept. Day 20, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 14, 1912
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee
10b. KIND OF BUSINESS OR INDUSTRY Mercantile Tr.Co.
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Charles Lind
14. MOTHER'S MAIDEN NAME Meta Wotli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 491-14-5292
17. INFORMANT Walter Miller- Address 3410 Miami St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Cirrhosis of liver

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver — 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) 581.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-10-52, to 9-20-57 and last saw her/him alive on 9-20-57
Death occurred at 5:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. L. Merklin (Degree or title) A. L. Merklin MD M.D.
22b. ADDRESS 3107 Potomac 3507 Potomac
22c. DATE SIGNED 9-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept.24,1957
23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Ceme.
23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG. SEP 23 57
26. REGISTRAR'S SIGNATURE J. Earl Smith, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. ... must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

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.