ept. Health,
c., & Welfare
. S. Public
alth Service

V. S. 300
Rev. 1-57

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47610
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12667

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2924 N. NEWSTEAD — Length of stay in lb 01

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) 2924 N. NEWSTEAD — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First DAISY Middle Last MERTON

4. DATE OF DEATH Month DEC. Day 30, Year 1957

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH FEB. 12, 1873

9. AGE (In years last birthday) 84 — 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) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME KELLER

13b. MOTHER'S MAIDEN NAME GRENEAU

14. NAME OF HUSBAND OR WIFE CHARLES MERTON

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. NONE

17. INFORMANT CHARLES MERTON Address 3528 BELLE AIR PL.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) art sclerotic cerebral cardio vasc ars
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 422.1
INTERVAL BETWEEN ONSET AND DEATH 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chr. cystitis, hypothyroidism, old age

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 Jun 1947, to Dec 30 1957 and last saw her/him alive on 12-23-57
Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne O Gorla M.D.

22b. ADDRESS 100 No Euclid

22c. DATE SIGNED 12-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JAN. 2, 1957

23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY

23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI

24. FUNERAL DIRECTOR STROOT CARROLL ADDRESS 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG. DEC 31 57

26. REGISTRAR'S SIGNATURE J Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

DR GORLA
100 N. EUCLID
FO1-8687
1:00 - 4:00

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. W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.