

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019948

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5141

5. 300
1-57

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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.

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 St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.			Length of stay in 1b 12 Hours		d. STREET ADDRESS (If outside, give location) 4224 January Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Clarence F. Merkel				4. DATE OF DEATH Month Day Year May 13 1958					
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 4, 1890		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 67 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Commercial Artist			10b. KIND OF BUSINESS OR INDUSTRY Post Dispatch		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Bernard J. Merkel			13b. MOTHER'S MAIDEN NAME Lena			14. NAME OF HUSBAND OR WIFE Catherine Merkel			
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. 489-01-1606		17. INFORMANT Address Clarence Merkel 5534 Sutherland Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute gastroenteritis 571.1 DUE TO (c) MYOCARDIUM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Arteriosclerotic Heart disease with healed scarring of							INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 3-11-49 to 5-13-58 and last saw him alive on 5-12-58 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or title) A. S. Whiting				22b. ADDRESS 5203 Chippewa				22c. DATE SIGNED 5-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 17 1958		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Hofmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. MAY 15 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.			

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 *Bill C. Branson*

Licensed Embalmer No. *4764*
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.