

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027238

STATE FILE NUMBER

6831

FILED AUG 1 1958 ²¹⁶⁶⁻⁵⁴ Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OLD MONROE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDINAL GLENNON Hosp.			Length of stay in 1b 14 DAYS		d. STREET ADDRESS 31		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle MERGENTHAL EMMA C. MERGENTHAL				4. DATE OF DEATH Month JULY Day 8 Year 1958			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 20, 1958		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) TROY, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE V. MERGENTHAL				14. MOTHER'S MAIDEN NAME SHIRLEY M. WHITLOCK			
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. NONE		17. INFORMANT Address George Mergenthal Old Monroe			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple intestinal abscesses 3 days Chronic abscess, Rt. iliac fossa Perforation of appendix DUE TO (b) Chronic Abscess, Rt. Iliac Fossa DUE TO (c) Perforation of Appendix PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pneumonia, Hypostatic							INTERVAL BETWEEN ONSET AND DEATH 3 days 3yrs + 3wks + 3wks +
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.) 6/24/58		20f. CITY, TOWN, OR LOCATION 7/8/58		COUNTY STATE 7/8/58	
21. I attended the deceased from 6/24/58 to 7/8/58 and last saw her alive on 7/8/58 Death occurred at 1:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John B. Summers, M.D.				22b. ADDRESS 1465 So. Grand		22c. DATE SIGNED 7/8/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 10, 1958	23c. NAME OF CEMETERY OR CREMATORY oak Grove CEMETERY		23d. LOCATION (City, town, or county) (State) ST. CHARLES Mo.		
24. FUNERAL DIRECTOR PRINSTER-HUGHES F.H. INC. ST. CHARLES			25. DATE RECD. BY LOCAL REG. Mo JUL 9 '58		26. REGISTRAR'S SIGNATURE Coll Smith		

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. Coroner cannot certify to a death due to natural causes.

Health & Welfare Public Service

300 1-56

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 Body not embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed B. L. Peniter
Licensed Embalmer No. _____
P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.