

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041958

State File No.

FILED DEC 10 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11123**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **ILLINOIS** b. COUNTY **ST. CLAIR**

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS** c. LENGTH OF STAY (in this place) **2 Days**
c. CITY OR TOWN **EAST ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **25 CITY HOSPITAL** e. STREET ADDRESS (If rural, give location) **32 2923 REAR TRENDLEY**

3. NAME OF DECEASED a. (First) **Willie** b. (Middle) _____ c. (Last) **MERRIMAN** 4. DATE OF DEATH (Month) (Day) (Year) **Nov 17, 1958**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **April 30, 1899** 9. AGE (In years last birthday) **59** 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) **Unemployed LABORER** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **EAST CARONDELET, ILL** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **BOYCE MERRIMAN** 13b. MOTHER'S MAIDEN NAME **LAURA GOFF** 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. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME **NELLIE ROBINSON-2923R TRENDLEY** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma with metastasis of lungs**
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **165X** 20. AUTOPSY? 1 YES 2 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **3** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **11/19/58**

24a. BURIAL (CREMATION, REMOVAL) (Specify) **REMOVAL** 24b. DATE **NOV 19, 1958** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **EAST ST. LOUIS, ILLINOIS**

DATE REC'D BY LOCAL HEALTH DEPT. **NOV 19 58** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **W. MARSHALL** ADDRESS **FUNERAL HOME - E. ST. LOUIS, ILL.**

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Thomas M. Klubson*.....

Licensed Embalmer No. *4479*.....

P. O. Address *East St. Louis*.....

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.