

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034087

STATE FILE NUMBER

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-8080**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. City Hosp II		d. STREET ADDRESS (If outside, give location) 5626 Julian	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Homer Merriweather			4. DATE OF DEATH Month Day Year Aug 29 1959
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 21 Apr. 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 46
11. BIRTHPLACE (City and state or country) Calico Rock, Ark		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Edward Merriweather		13b. MOTHER'S MAIDEN NAME Dorothy	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War II	
16. SOCIAL SECURITY NO.		17. INFORMANT Ella Mae Merriweather Address 5626 Julian	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Intra-Pericardic Revascularization DUE TO (b) Penetrating stab wound of the heart DUE TO (c) 9824 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not restate the terminal disease condition given in PART I (a)) stabbed with knife			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE MURDER OCCURRENCE (Enter name of murderer if known) aided and abetted by one Clara	
20c. TIME OF INJURY Hour 100 a.m. Month, Day, Year 8 29 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 200 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jessie M. Turner (Degree or title) Registery Comm		22b. ADDRESS 1308 Cash	
22c. DATE SIGNED 8/31/59		22d. SIGNATURE Loard Smith, M.D.	
23. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1 Sept. 1959	23c. NAME OF CEMETERY OR CREMATORY Little Rock	23d. LOCATION (City, town, or county) (State) Arkansas
24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union		25. DATE RECD. BY LOCAL REG. AUG 31 1959	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

John K. Cunningham

Licensed Embalmer No. *HH76*

P. O. Address *1405 Marcell*

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.