

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037871

FILED VS. NOV 3 1959

Primary Registration District No.

Registrar's No. **2 9704**

STATE FILE NUMBER

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 Mo		Length of stay in 1b		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 LUTHERAN Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4333 GERTRUDE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HELEN Middle MERGEL Last				4. DATE OF DEATH Month OCT. Day 20 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. (DATE OF BIRTH) Nov. 3 1917	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPRAYER			10b. KIND OF BUSINESS OR INDUSTRY TOKEN SUPPLY	11. BIRTHPLACE (City and state or country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ANTON Geiser			13b. MOTHER'S M maiden NAME ANNA BERGAUER		14. NAME OF HUSBAND OR WIFE FRANK MERGEL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT FRANK MERGEL		Address 4333 GERTRUDE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Disease, Rheumatic, with mitral stenosis and Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. with auricular fibrillation and cardiac insufficiency. 10 years plus							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. 410x <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 e.m. p.m.	Month, Day, Year						
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 9/15/1949 to 10/20/1959 and last saw her live alive on 10/15/1959 Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thomas V. Henschel M.D.				22b. ADDRESS 4401 Hampton Ave		22c. DATE SIGNED 10/20/59	
23a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT. 23 1959	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION		23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo.		
24. FUNERAL DIRECTOR Thomas Hutes 2906 Leavis			ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 23 1959		26. REGISTRAR'S SIGNATURE Loan 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 _____

Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grav

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.