MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12425

1. PLACE OF DEATH

County ..... Registration District No. (17) 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 500 S. Kingshighway Blvd. St., ... Ward)

File No. .....

Registered No. 2946

2. FULL NAME Irene Merrill

(a) Residence. No. 6416 Nashville St. St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26, 1928

7. AGE: Years — Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Walter Merrill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bartlett
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Elma Sparks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arlenes
(STATE OR COUNTRY) Nebraska

14. INFORMANT: A. M. Russell
(Address) 500 South Kingshighway

15. FILED MAR -7 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb - 25, 1929, to March 6, 1929, that I last saw her alive on March 6, 1929, and that death occurred, on the date stated above, at 3:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrospinal meningitis (non-epidemic) - influenzal

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy

(Signed) A. C. Edwards, M. D.
3-7, 1929 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Kerwin Kansas
DATE OF BURIAL: March 8, 1929

20. UNDERTAKER: Kriegshauser Und Co
ADDRESS: 4104 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.