

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

Do not use this space.

26413

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000**
City **St Louis** (No. **Masonic Hospital**)

File No.....
Registered No. **7649**
St..... Ward)

2. FULL NAME

Adah Merritt
(a) Residence. No. **5357 Delmar** St., **12** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. **4** 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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry S. Merritt**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 16, 1856**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	9	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **Jerome Ruddy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER **Mary Ann Walker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Wilmuth Walker**
(Address) **5357 Delmar Blvd.**

15. FILED **Max C. Starkoff**
19 **1929** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23 1929**

17. I HEREBY CERTIFY, That I attended deceased from **July 10 1929**, to **July 23 1929**, and that I last saw him alive on **July 23 1929**, and that death occurred, on the date stated above, at **7:45 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) **930**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Phys. ex. only**
(Signed) **Salmon Cameron** M. D.

*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.
July 24 1929 (Address) Metropolitan Bldg.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Memphis, Mo**
DATE OF BURIAL **7/24 1929**

20. UNDERTAKER **Alexander Ed Sons**
ADDRESS **6175 Delmar**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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