

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

Do not use this space.

42488

1. PLACE OF DEATH

County Registration District No. 7707L
 Township Primary Registration District No. WATER
 City St. Louis Mo (No. City Hospital #2) St. Ward)

File No.
 Registered No. **11625**
 St. Ward)

2. FULL NAME

Jeff Merritt
 (a) Residence, No. no address St. 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Abt 73

OCCUPATION
 8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. 930
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 41
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 64

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER
 13. NAME G Thomas Merritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va 02

MOTHER
 15. MAIDEN NAME Frances Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va

17. INFORMANT (ADDRESS) a Katherine Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 12-6 1937

19. UNDERTAKER (ADDRESS) Walth Richter 3500 Rutger St

20. FILED DEC 28 1937 W. J. Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8- 1926, to 12-4- 1937

I last saw him alive on 12-4- 1937. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset
Chronic myocarditis
 Other contributory causes of importance:
Atherosclerosis
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Aut. Sect. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) J. Merritt, M. D.
 (Address) City Hospital #2

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2

