

DEC 6 MAY 1 0 1939

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

791  
1003

12851  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... **St. Louis** ..... (d) Street No. **Homer Phillips** Mos. Registered No. **3193** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **2712 Thomas St.** St. **21** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**39 6 16**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mounds Ill.**

FATHER 13. NAME **Troy Merriwether**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn.**

MOTHER 15. MAIDEN NAME **Mamie Cook**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn.**

17. INFORMANT (ADDRESS) **Mamie Merriwether 2712 Thomas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **4-5-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A.F. (Buddie) Walton 2707 Stoddard St.**

20. FILED **APR 5 1939** *J.P. [Signature]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-31-1939**

22. I HEREBY CERTIFY, That I attended deceased from **3-21-1939** to **3-31-1939**

I last saw **her** alive on **3-31-1939** Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

*Mrs. Carditis Acute  
caused by ch. myocarditis*

Other contributory causes of importance:

*pleurisy left side following Trauma*

Name of operation **Clinical System**  
What test confirmed diagnosis? **Clinical System** Was there an autopsy?

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? **No**  
If so, specify

(Signed) *[Signature]*, M. D.  
(Address) *[Address]*

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.

**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, .....

*William C. McDowell*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*William C. McDowell*

Licensed Embalmer No.....

*2114*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**