REC'D MAY 10 1939

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

13223
Do not use this space.

791
1008

**1. PLACE OF DEATH**

(a) County 2 Registration District No.

(b) Township 1 Primary Registration District No. Registered No. 3565

(c) or City St. Louis, Mo. (d) Street No. 1510 Montgomery St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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** 6/11 Mr. Ernest N. Merifield

(a) Residence, No. 1510 Montgomery St. St. 26
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th. 1870

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 11 | 0 | |

**OCCUPATION**

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. Supt. Foundry

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) London, England

**FATHER**

13. NAME Joseph Merifield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

**MOTHER**

15. MAIDEN NAME Lemira Hatcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT (ADDRESS) Antoinette Merifield 1510 Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE April 18-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner U. Co 1417 N. Market St/

20. FILED APR 18 1939 J. F. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15-39

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939 to Apr 15, 1939

I last saw him alive on Apr 14, 1939 Death is said to have occurred on the date stated above, at 6:55 a. m.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | yr. |
| [signature] | |
| Other contributory causes of importance: | |
| bronchial asthma | yr. |

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) Arthur Grindlach M. D.

(Address) 2202 University St.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 2223 [illegible]

P. O. Address [illegible] 1674

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

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