FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29653

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1516

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10565 Hobday, Overland, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Overland, (If outside city or town limits, write "RURAL")

(d) Street No. 10565 Hobday, (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dolores Lou Mercille, 624

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 19 (Day) 1930 (Year)

8. AGE: Years 10 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Barnhart, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Louis Mercille,
13. Birthplace Eureka, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Hazel Jencks,
15. Birthplace Eureka, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Hazel Meyera
(b) Address Overland, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE MASU.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) AUG 9 - 1940 (Date received local registrar) (b) R. Meyer MD Dept (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 7, day 1940
year hour about 4PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Accidental suffocation in a ceder chest----------	8/7/40
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence August 7, 1940
(c) Where did injury occur? Overland, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury smothered

23. Signature John O Connell (M. D. or other) 5
Address Coroner of St. Louis County Date signed 8/8/40

(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 Thos. Schrader

Licensed Embalmer No. 3066

P. O. Address Bellwin, Mo.

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

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