

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33767**  
Registrar's No. **8464**

Registration District No. **791** | Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **45 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MATTIE MERWIN**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **GEORGE MERWIN** 6. (c) Age of husband or wife if alive **1885** years

7. Birth date of deceased **OCT. 1 1885**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **0** Days **9** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **9**

MOTHER FATHER { 12. Name **DONT KNOW** 13. Birthplace **DONT KNOW**  
(City, town, or county) (State or foreign country)  
14. Maiden name **DONT KNOW** 15. Birthplace **DONT KNOW**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MINNIE FLETCHER**  
(b) Address **512 N. SPRING AVE.**

17. (a) **BURIAL** (b) Date thereof **10-14-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **OLD ST. MARCUS CEMT.**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd**

19. (a) **OCT 13 1940** (b) \_\_\_\_\_  
(If given by registrar) (If given by informant)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** **19**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **512 N. SPRING AVE.**  
(If rural, give location)  
(e) ~~Physician~~ \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**  
year **1940** hour **6** minute **00 P** M.

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

Immediate cause of death \_\_\_\_\_  
Due to **Senility**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **Arthur J. Donnelly** (M. D. or other) \_\_\_\_\_  
Address **3840 Lindell Blvd** Date signed **10/13/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Coroner Office*

APR 12 1950

**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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

**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.