

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8763

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2173**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution:
Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Frances Merrill**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **James**

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

7. Birth date of deceased **Jan. 6 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	6	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Unknown Moody**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Candy**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Merrill**

(b) Address **4947 Laclede Ave.**

17. (a) **Removal** (b) Date thereof **3/8/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jacksonville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **MAR 8 1941 Washington Ave.**

19. (a) _____ (b) **J. B. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**

(c) City or town **Jacksonville**
(If outside city or town limits, write "RURAL") **11**

(d) Street No. **707 West College**
(If rural, give location) **NR 0**

(e) If foreign born, how long in U. S. A.? _____ years. **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **8**
year **1941** hour **10** minute **05 P.**

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.

Immediate cause of death **Internal Remedy from stab wound by self**
Carotid artery (Internal)

Due to **stab wound, at 4947 Laclede Ave near 6/19/41**

Due to **stab 9:30 pm.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **164 & 165**

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) **suicide**

(b) Date of occurrence **May 8 1941**

(c) Where did injury occur? **At home, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **no** (Specify type of place) _____
(a) Means of injury **Knife**

23. Signature **Thomas Halloran** (M. D. or other) _____
Address **Deputy Coroner** Date signed **3/8/41**

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.....

J. Wm. Penhaley

Licensed Embalmer No.....

3657

P. O. Address.....

St. Louis, Mo

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, fact should be so stated above.