

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16820  
Registrar's No. 4338

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1117  
(d) Street No. 1219r Prairie Ave.  
(If rural, give location) F  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Mary Merriweather  
3. (b) If veteran, name war ---  
3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month May day 21st.  
year 1941 hour 10:05 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from May 17th  
1941 to May 21st. 19 41.  
that I last saw her alive on May 21st. 19 41.  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sidney Merriweather  
6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased December 25th, 1879  
(Month) (Day) (Year)

Immediate cause of death  
Cerebral apoplexy 4 days  
Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension ?  
(Include pregnancy within 6 months of death)  
Major findings:  
Of operations None  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
61 4 26 hr. \_\_\_\_\_ min.

9. Birthplace Jackson Tennessee  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Louis Watkins  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Perry  
15. Birthplace Jackson Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Williams  
(b) Address 4318 Page Ave.  
17. (a) Burial (b) Date thereof 5-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Father Dickson's Cem.

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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. P. Bredeck (M. D. or other) 0  
Address 3136 Chouteau Ave. Date signed 5/23/41

18. (a) Signature of funeral director Charles Sates  
(b) Address 4107 Finney Ave.  
19. (a) MAY 23 1941 (b) J. P. Bredeck  
(Date filed for registration) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

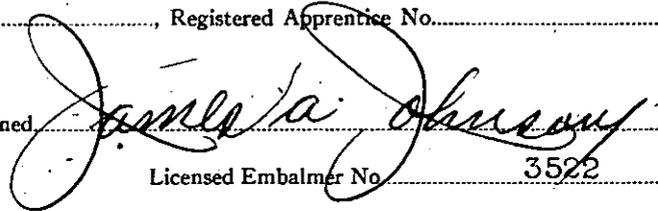
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

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

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**