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S. No. 2
M-9441
v. 5-17-39
X29484

19818

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5507

JUL 13 1942 791
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 No. 3 Days
(Specify whether years, months or days)
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
 (c) City or town St. Louis 9 26
(If outside city or town limits, write "RURAL")
 (d) Street No. 911 Montgomery St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rose Merckling
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26,
 year 1942 hour 1:35 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife late Harry Merckling
 (c) Age of husband or wife if alive 12th, 1984 years

21. I hereby certify that I attended the deceased from May 23, 1942 to June 26, 1942
 that I last saw her alive on June 26, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 2 14 hr. min.

Immediate cause of death: Broncho pneumonia
ataleekosis
 Duration _____

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

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

MOTHER FATHER

11. Industry or business _____
 12. Name Albert Albert
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Francis
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings of operations: Removal of kidney
June 5, 1942
 Of autopsy: pyelonephritis
non calculous
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mildred Eichholz
 (b) Address 911 Montgomery St.
 17. (a) Burial (b) Date thereof 6-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) JUN 28 1942 (b) J. F. Brinkhoff
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place) _____ (Means of injury)
 23. Signature Ressell Coleman
(Physician or other)
 Address 1515 Lafayette Ave. Date signed 6/26/42

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. *1674*

P. O. Address..... *1223 So Land St*

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.