

FILED DEC 7 1942 318

Primary Registration District No. .... Registrar's No. 9794

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:  
**227 Lombard Street /**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **227 Lombard Street**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Marie Merkel**

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..... **Married**

6. (b) Name of husband or wife..... **William Merkel** 6. (c) Age of husband or wife if alive..... **56 Abt.** years

7. Birth date of deceased..... **September 26, 1888**  
(Month) (Day) (Year)

8. AGE: Years..... **54** Months..... **1** Days..... **26** If less than one day  
..... hr. .... min.

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

10. Usual occupation..... **None**

11. Industry or business..... **At Home**

MOTHER FATHER

12. Name..... **John Ardinger**  
13. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Unknown**  
15. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. William Merkel**  
(b) Address..... **227 Lombard Street**

17. (a) **Burial** (b) Date thereof..... **11-25-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **St. Matthews**

18. (a) Signature of funeral director..... **Southern Undertaking Co.**  
(b) Address..... **6322 S. Grand Blvd.**

19. (a) **NOV 24 1942** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **November** day..... **22nd**  
year..... **1942** hour..... **3:40 PM** minute..... 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.....

*Chronic Myocarditis*  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....

23. Signature..... **Alfred Perry** (M. D. or other).....  
Address..... Date signed **11/24/42**

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

1908

CORONER

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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.....

*Virgil L. Berryman*  
.....  
Licensed Embalmer No. *4018*

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.**