. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26439

FILED AUG 25 1944

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 7187

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Farmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")

(d) Street No. 5328 COLTON DRIVE NR
(If rural, give location)

(e) Citizen of foreign country? N. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Frank Merget

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LOUISE CLARA MERGET

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

7. Birth date of deceased AUGUST 7 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace — (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation MEAT CUTTER

11. Industry or business ____

FATHER
12. Name FRANK B. MERGET
13. Birthplace — (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace ____ (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant RUTH CANTRELL
(b) Address 5328 COLTON DRIVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 19 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director Calvin F. Bentz Funeral Home
(b) Address 4828 Natural Bridge

19. (a) AUG 17 1944 (Date received local registrar) (b) J. F. Bridrick (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-16-44 day ____ year ____ hour 8:50 p.m. minute ____ M.

21. I hereby certify that I attended the deceased from 8-14-44, 19____ to 8-16-44, 19____; that I last saw him alive on 8-16-44, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of the Lenticulo-striate artery on right	48 hr.
Due to: Cerebral arteriosclerosis	Uncertain
Due to: Unk.	
Other conditions (Include pregnancy within 3 months of death): Hypertensive C-V disease	?

Major findings: Of operations ____

Of autopsy Area 4 cm in diameter of softening in the Internal Capsule

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 G. D. Brown (M. D. or other) M.D.

Address 13205 Grand Date signed 8/17/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard R Rowland

Licensed Embalmer No. 3114

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.