. S. No. 2
0M—5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38896

FILED DEC 9 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10231

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

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:
5960 Bartmer Ave.,
(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 Mo. (b) County Oao

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5960 Bartmer Ave., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Merriman,

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 Married

6. (b) Name of husband or wife Henry Merriman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 22, 1896.
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Reinholz 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Berger

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Merriman

(b) Address 5960 Bartmer Ave.,

17. (a) Removal (b) Date thereof Dec. 1/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 30 1946 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1946 hour 1.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 15 1945 to Nov 28 1946 that I last saw her alive on Nov 28 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocarditis

Due to Sarcoma generalized

Due to Site right cervix

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

Major findings: as above
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)

(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 O W Schumacher (M. D. or other)

Address 4991 Thrush Date signed 11-29-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.W. Schumacher
4991 Thrush Ave.,
GO. 3100

JAN 22 1958

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.