

S. No. 2
1-1441
7. 5-17-39

3427

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 3 1947
Registration District No. 397

Primary Registration District No. 2002

Registrar's No. 162

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2594 Easy 8-29-47

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1344 Kingsland 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 1344 Kingsland (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry G. Merkel
3. (b) If veteran, name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 20 year 1947 hour 12:37 minute _____ P. M.

4. Sex Male 5. Color of race Wh 6. (b) Single, widowed, married, divorced Married
7. (a) Name of husband or wife Anna R. Merkel 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased November 22 1878 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to 1-20-47
that I last saw him alive on 1-19-47 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration 12 days

8. AGE: Years 68 Months 1 Days 28 If less than one day hr. _____ min. _____

Due to 94a
Due to _____

9. Philadelphia Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Self

12. Name Henry G. Merkel

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

14. Maiden name Anna R. Merkel

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

16. (a) Informant Mrs. Anna Merkel

(b) Address 1344 Kingsland

17. (a) Burial (b) Date thereof 1-23-47 (Month) (Year)

(c) Place: burial or cremation St. Valhalla Cem.

18. (a) Signature of physician A. J. Stueck
(b) Address 1225 Union Blvd.

19. (a) 1-24-47 (Date received local registrar) (b) Antonia Allen (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 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 A. J. Stueck (M. D. or other) Mo.
Address 114 W. Theatrical Date signed 1-21-47

*Mrs. University
Mrs. Alice by Betty*

FEB 8 1942
FEB 7 1942
FEB 7 1942

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address.....

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.