

No. 2  
1-5-43  
5-17-39  
I X38571

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED MAR 3 1947**  
318

Registration District No. **318** Primary Registration District No. \_\_\_\_\_ Registrar's No. **1702**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital**  
(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 **6000**  
(c) City or town **St. Louis** 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5849 Theodosia Ave.** 9  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ALEC D. MERMOD**  
3. (b) If veteran, **no** name war \_\_\_\_\_  
3. (c) Social Security No. **484-18-9844**  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Sadie Walton Mermod.**  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **June 22 1864**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **18**  
year **1947** hour **7:30** minute **A.** M.  
21. I hereby certify that I attended the deceased from **OCT. 23**  
**1945**, to **FEB. 18,** 19**47**  
that I last saw him, alive on **FEB. 17,** 19**47**  
and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day  
**82** **7** **26** hr. \_\_\_\_\_ min.

Immediate cause of death  
**UREMIA** 5 days  
**CARDIAC DECOMPENSATION** 3 weeks  
Due to **Ch. Impurematurus** 3 weeks  
**Ch. Interstitial nephritis** 3 weeks  
Due to **Ch. Arteriosclerosis** 3 weeks  
**Scurvy** 3 weeks  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired;**  
11. Industry or business **Sporting Goods.**  
12. Name **Augustus S. Mermod.**  
13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Julia Rathburn.**  
15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER {  
16. (a) Informant **Mrs. Sadie W. Mermod.**  
(b) Address **5849 Theodosia Ave.,**  
**Burial** (b) Date thereof **2-20-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cemetery**  
18. (a) Signature of funeral director **C.R. Lupton & Sons.**  
(b) Address **7233 Delmar Blvd.,**  
19. (a) **FEB. 18, 1947** (b) **J. F. Brudeck**  
(Date received local burial) (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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. F. Brudeck** (M. D. or other) \_\_\_\_\_  
Address **4447 E. 12th St.** Date signed **2/18/47**

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

Dr. James H, Cummings  
444 No. Euclid,  
FO 4981  
1 to 3 P.M.

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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 Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, 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.