

No. 2
-12-45
-17-39

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6701

State File No. _____

2107

MAR 11 1947
Registration District No. _____

318 Primary Registration District No. _____

1003 Registrar's No. _____

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:
3618a Botanical /
(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. 3618a Botanical
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1947 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from 2-23-47
1947 to 2-27-47, 1947
that I last saw h. ex. alive on 2-23- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Th. 1/2
Duration 1 yr.
Due to.....
Due to.....

Other conditions.....
The D. J. J. tract
(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?.....

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Albert Kaplan (M. D. or other) J
Address 607 N Grand Date signed 3-1-47

3. (a) PRINT FULL NAME Emma M. Merrill
3. (b) If veteran, name war..... 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles E. Merrill
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sept. 11 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 17 hr. _____ min.

9. Birthplace France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Jacque Sieber
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Janne
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Merrill
(b) Address 3618a Botanical

17. (a) Burial (b) Date thereof 3-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery J. B.

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.
19. (a) MAR 1 1947 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

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

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.....

James R. Dunn

Registered Apprentice No. 403

working under my personal supervision.

Signed

Garry A Stewart

Licensed Embalmer No. 3722

P. O. Address. 2201 S. Grand Bl.

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.