S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 13992
Registrar's No. 3813

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

19

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4461 Olive Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 4461 Olive Funston Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): F.
c. (Last): Merriman

4. DATE OF DEATH (Month) (Day) (Year): 4-28-49

5. SEX: M.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 11-29-1869
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Col. Terminal
11. BIRTHPLACE (State or foreign country): Godfrey, Ills.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: - - - Unknown
13b. MOTHER'S MAIDEN NAME: - - - Unknown
14. NAME OF HUSBAND OR WIFE: Hetty F. Merriman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hetty F. Merriman
ADDRESS: 4461 Olive

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensation of Heart — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarct — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paroxysmal Ventricular Tachycardia — 30 min.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. *, 1948, to* April 28 *, 1949, that I last saw the deceased alive on* April 28 *, 1949, and that death occurred at* 9:45 a.m. *, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul K. Webb
23b. ADDRESS: 721 Olive St.
23c. DATE SIGNED: 4-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation
24b. DATE: 4-30-1949
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: APR 28 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Alexander & Sons
ADDRESS: 6175 Delmar
(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E McCullah

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.

13992

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2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
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b. COUNTY
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d. STREET ADDRESS (If rural, give location) 4461 Olive Funston Apts.

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) (NMN) c. (Last) Merriman

4. DATE OF DEATH (Month) (Day) (Year) 4-28-49

5. SEX M.
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH 11-29-1869
9. AGE (In years last birthday) 79 If under 1 year: Months Days If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life) Supt. of Warehouse
10b. KIND OF BUSINESS OR INDUSTRY Col. Terminal
11. BIRTHPLACE (State or foreign country) Godfrey, Ills.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles Merriman
13b. MOTHER'S MAIDEN NAME Martha Hill
14. NAME OF HUSBAND OR WIFE Hetty F. Merriman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hetty F. Merriman ADDRESS 4461 Olive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

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DUE TO (c)

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21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bc

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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DATE REC'D BY LOCAL REG. APR 28 1949
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Items #3b, 10a, 13a & b corr. by aff. from fin. home - 1-28-76