

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17513  
4743

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2747 CAROLINE ST</b>		d. STREET ADDRESS (If rural, give location) <b>2747 CAROLINE ST.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle) <b>MERZ</b>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29 - 1949</b>		5. SEX <b>FEMALE</b>		
6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCTOBER 5 - 1872</b>
9. AGE (In years last birthday) <b>76 YR</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>ALFRED Schmid</b>		13b. MOTHER'S MAIDEN NAME <b>MATHILDA Gouse</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY Schmid</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Merz - 2747 RUTGER</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholelithiasis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 YR</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <b>ST. LOUIS MO MO</b>
22a. TIME (Month) (Day) (Year) (Hour) _____		22b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4222</b>
22. I hereby certify that I attended the deceased from <b>June 1, 1935</b> , to <b>5/29, 1949</b> , that I last saw the deceased alive on <b>5/27, 1949</b> and that death occurred at <b>2:42</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>D. V. Gannon MD</b>		23b. ADDRESS <b>2767 1/2 Park Ave</b>		23c. DATE SIGNED <b>5/31/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 1 - 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schmur</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 31 1949</b>		ADDRESS <b>3125 Lafayette</b>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joseph B. Hollmer*

Licensed Embalmer No. *15014*

P. O. Address *3125 Lafayette*

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 1751349

State of Mo.  
City of St. Louis } ss.  
County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4743

On this 25 day of Aug., 1949, before me appears E. J. Schuur, who, upon oath, states that the original record of birth for ANNA MERZ, died born 5-29-1949, in the State of Missouri, and which was filed at St. Louis on 1949, should be corrected as follows:

Item No. 14 should read HENRY MERZ  
Instead of HENRY SCHMID

Item No. 17 should read HENRY MERZ 2747 RUTGER  
Instead of 2947 RUTGER

Item No. 22 should read death occurred 2:45 a.m.  
Instead of

Item No. should read  
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Schuur Undertaker  
Relationship.

3125 Lafayette  
Present Address.

Subscribed and sworn to before me this 25 day of Aug., 1949

My Commission expires 12-6-52 Bernard H. Pollner Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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