

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28527**
Registrar's No. **7212**

FILED AUG 25, 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7212	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				d. STREET ADDRESS (If rural, give location) 4133 Oregon			
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) _____ c. (Last) Merkel			4. DATE OF DEATH (Month) (Day) (Year) August 12, 51				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1887 Aug. 15, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 15 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Freeburg, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GUSTAVE Svemnicht			13b. MOTHER'S MAIDEN NAME Louise Bommelmann		14. NAME OF HUSBAND OR WIFE Gus Merkel-husband		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GUSTAVE MERKEL 4133C Oregon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. * means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombus, arterial, left popliteal artery ANTECEDENT CAUSES DUE TO (b) Arterial hypertension, severe <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Cerebral Hemorrhage, left hemiplegia					INTERVAL BETWEEN ONSET AND DEATH 1 MO. 5-yrs + 2 yrs.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION *****					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE VICIMIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ _____ _____		21f. HOW DID INJURY OCCUR? HSAHX	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from June 15, 1951 , to Aug. 12, 1951 , that I last saw the deceased alive on Aug. 11, 1951 , and that death occurred at 7.10 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert C. Haly, M.D.				23b. ADDRESS 1800a Sidney St.		23c. DATE SIGNED Aug. 13, '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE RECD BY LOCAL REG. Aug 13 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff. 1951

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

W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28527
Local Registrar's No. 7212

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ , who, upon _____ oath, states that the original record of birth
for Chara Merkel died 9-12-51, 19____, in the State of
born _____, Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Aug. 15-1951 1982
Instead of _____ 1883

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

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

(SEAL)

Affiant Just. D. Haupt Relationship _____
3013 Meramec
Present Address.

Subscribed and sworn to before me this 28 day of Aug, 1951

My Commission expires 3-4-53 Edw C Fabbro Notary Public.

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

Jan

8-12

145
144

1

1-2-

48