

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3080**
Registrar's No. **0295**

FILED JAN 26 1954

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

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			e. STREET ADDRESS (If rural, give location) 3425 Delmar Blvd 2219										
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ARTHUR c. (Last) MERRILL			4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1954										
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 19 1891		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months 3 Days 17		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Apt Houses			11. BIRTHPLACE (City and State or Foreign Country) Iron City Tenn			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Isaac Merrill			13b. MOTHER'S MAIDEN NAME Laura Rice			14. NAME OF HUSBAND OR WIFE Alberta Merrill							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1			16. SOCIAL SECURITY NO. yes			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Merrill 3425 Delmar Blvd							
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 492X							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1000A m., from the causes and on the date stated above.													
23a. SIGNATURE <i>J. Earl Smith</i> (Degree or title)						23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 1/7/53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Jan 12 1954			24c. NAME OF CEMETERY OR CREMATORY National			24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo				
DATE REC'D BY LOCAL REG. JAN 12 1954			REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Ave							

m.g.B. (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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 269
P. O. Address 27690

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.