

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-042367**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3162

FILES 06130 1963

VS 300  
Rev. 4/59

1 4002

2 4000

3

4 1

5 2

6

7 0

8 1

9331X

10

11

12 44-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Length of stay in 1b	c. CITY OR TOWN <b>Fenton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>109 Miller, Dr.</b>
3. NAME OF DECEASED (Type or print) First <b>Sarah</b> Middle <b>Margaret</b> Last <b>Merritt</b>		4. DATE OF DEATH Month <b>October</b> Day <b>14</b> , Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/10/1900</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Shannon Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>John T. Brooks</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen E. Wisdom</b>		14. NAME OF HUSBAND OR WIFE <b>Alonzo Merritt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of No. <b>Nil.</b> )		17. INFORMANT Address <b>Zelda Griggs, 109 Miller, Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Peritonitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Perforated peptic ulcer (Inability to speak or swallow) due to</b>			<b>2 days</b>
DUE TO (c) <b>Cerebral vascular accident</b>			<b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pancreatitis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>10-11-63</u> to <u>10-14-63</u> and last saw her alive on <u>10-14-63</u> Death occurred at <u>11-15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles Miller M.D.</i> (Degree or title)		22b. ADDRESS <b>CHARLES MILLER, M. D. 135 W. ADAMS</b>	22c. DATE SIGNED <b>10-15-63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-17-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Undine Cemetery</b>	23d. LOCATION (City, town, or county) <b>KIRKWOOD 22 MO. TA 1-9180 Undine, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Jonas Funeral Home, Steelville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-15-63</b>	26. REGISTRAR'S SIGNATURE <i>John B. Mumfley M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF TEXAS

1961 18-100-04  
OCT 31 1963

single

single

single

single

**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 John Binkley  
Licensed Embalmer No. 3957

P. O. Address Springer

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.