

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22616

**1. PLACE OF DEATH**

County.....

Registration District No. 7.91

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 6264  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 3019 Arsenal St. 24 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1887

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
39 | 7 | 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Grocery  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lewis Merhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Minnie Brezga

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) City Hospital

15. FILED 11-8-1927 May G. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1927

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1927 to July 7, 1927 that I last saw him alive on July 6, 1927, and that death occurred, on the date stated above, at City Hospital

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
102  
93.5 (duration) yrs. mos. ds.  
CONTRIBUTORY Chlorium Tremens  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1010  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] Mr. D  
1/8, 1927 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
New St. Cemetery July 10 1927

20. UNDERTAKER ADDRESS  
Zagude Brothers 2623 Cherokee

K. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

Merhoff.