

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... **1002** File No. **15015**  
 City **St. Louis** (Ne) **St. Anthony Hospital** Registered No. **13931**  
 St. .... Ward

**2. FULL NAME**

(a) Residence. No. **4333 Lamo Cur.** St. .... Ward **1002**  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**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** John F. Merhoff  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) July 24, 1876  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 51 8 26

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

**9. BIRTHPLACE** (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

**10. NAME OF FATHER** William Glasing

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

**12. MAIDEN NAME OF MOTHER** Louise Miller

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

**14. INFORMANT** John F. Merhoff (Address) 4333 Lamo Cur.

**15. FILED** 1928 **REGISTRAR** Mary E. Starling

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Apr 6 1928  
**17. I HEREBY CERTIFY** That I attended deceased from Feb 20 1928, to April 6 1928 that I last saw h. alive on Feb 20 1928; and that death occurred, on the date stated above, at 6:30 P. M.

**THE CAUSE OF DEATH** WAS AS FOLLOWS:  
 Acute Cardiac Dehydration  
 Thrombotic Pulmonary Embolism  
 non Valvular Aortic Fibrous Sclerosis  
 Feb 20 - 1928 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** FHR 105 95 (duration) yrs. mos. da.

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

**DID AN OPERATION PRECEDE DEATH** No. DATE OF FEB 28 - 1928

**WHAT TEST CONFIRMED DIAGNOSIS** Haptoglobin, Diagonal, R. Schaller (Signed) M. D.

(Address) 945 Mo Bldg.

(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** Friedens **DATE OF BURIAL** Apr 10 1928

**20. UNDERTAKER** Math Hermany and Son ADDRESS 14932 West Florissant Cur.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

