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.

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

Do not use this space.
15540
15271

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 4483
City St. Louis (No. 500, So. Kingshighway St. Ward)

2. FULL NAME Mary Mers

(a) Residence. No. 5605 Columbia Ave. Inf. 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-26-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	2	29	

8. OCCUPATION OF DECEASED 1578 97R
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER G. F. Mers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Helen Kren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT L. McLeod Kill
(Address) 500 So. Kingshighway

15. FILED 28 25 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-21, 1928, to 4-24, 1928 that I last saw her alive on 4-24, 1928, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Malformation of Intestine (Intestinal Obstruction)
(duration) yrs. 2 mos. 29 ds.

CONTRIBUTORY (SECONDARY) Acute Otitis Media & Mastoiditis —
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb-23-1928
WAS THERE AN AUTOPSY? Yes — Abdomen only
WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
(Signed) Russell E Bond, M.D.
4/24, 1928 (Address) St. L. Childrens Hosp.

*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: Calvary Cemetery — DATE OF BURIAL: 4/26/ 1928

20. UNDERTAKER: J H Gebken L & U Co — ADDRESS: 2628 Gravois