

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

Do not use this space.

43  
B7

15745

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St Louis** (No. **815 NE Solo An.**)

File No.....  
Registered No. **0756**  
St..... Ward.....

2. FULL NAME **Wm B. Merkjesel**

(a) Residence. No. .... St., **9** Ward.....  
(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 **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 **Alvina Merkjesel**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 29 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**53 8 +**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Parkor**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer **Schluter Mfg Co.**

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

10. NAME OF FATHER **Bernhard Merkjesel**

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

12. MAIDEN NAME OF MOTHER **Anna Kraloman**

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

14. INFORMANT **Alvina Merkjesel**  
(Address) **815 NE Solo An.**

15. FILED **May 2 1928** **Wm C Starckoff**  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 30 1928**

17. I HEREBY CERTIFY That I attended deceased from **April 28** to **April 30**, 19**28**, that I last saw him alive on **April 30**, 19**28**, and that death occurred, on the date stated above, at **12:45 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Carcinoma of Larynx**

**49** (duration) yrs. **6** mos. da.  
CONTRIBUTORY (SECONDARY) **Myocarditis (Chronic)**  
(duration) yrs. **1** mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....  
WAS THERE AN AUTOPSY? **No**  
WHAT TEST CONFIRMED DIAGNOSIS? **Physician Finding**  
(Signed) **Francis J. Medler, M.D.**  
**5/1**, 19**28** (Address) **Med Club 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 **New Buhlery** DATE OF BURIAL **May 2 1928**

20. UNDERTAKER **Thos H Bedwinidun** ADDRESS **1924 St Louis Mo**

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.

