

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.

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

22441

Township.....

Primary Registration District No.....

Registered No.....

66-15

City.....

(No. ....)

St. Louis, Missouri, City of St. Louis

Ward.....

Ward.....

## 2. FULL NAME

(a) Residence. No.....

St.,

23

Ward.

Whiter, Graves, Mo

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 2, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

43

2

21

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Post Office

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

William Meckel

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

## 12. MAIDEN NAME OF MOTHER

Emma Mehrtens

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

## 14.

INFORMANT

(Address)

William Meckel

208 N Broadway

## 15.

FILED

JUN 25 1928

W. C. Warlick

REGISTER

## MEDICAL CERTIFICATE OF DEATH

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

June 13, 1928

17.

I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw h..... alive on

19

death occurred, on the date stated above, at

3:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. W. Kerner, M.D.

(Address)

6/25/28 Dep. Coroner

\*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

St. Peter's Cemetery

June 25, 1928

20. UNDERTAKER

ADDRESS

Drehmann Haval 1905 Union

