

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.

22458

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis Mo.* (No. *27352* *Utah St.*)

File No.

Registered No. **6654**

St. Ward)

2. FULL NAME *Lillie Mertes*(a) Residence. No. *27352 Utah St.* 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 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

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

May 5-1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*50**1**17***8. OCCUPATION OF DECEASED**

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

House Wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*St. Louis Mo.***10. NAME OF FATHER***John Becker***11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany***12. MAIDEN NAME OF MOTHER***Charlotte Mickle***13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany***14.**

INFORMANT

(Address)

*Anthony Mertes**27352 Utah St.***15.**

FILED

JUN 25 1928

Max C. Starken

REGISTRAR

MEDICAL CERTIFICATE OF DEATH16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 22 1928*

17.

I HEREBY CERTIFY That I attended deceased from *June 12*, 1928, to *June 22*, 1928, that I last saw her alive on *July 22*, 1928 and that death occurred, on the date stated above, at *6:10 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Melanosarcoma of Ovary(duration) *1* yrs. *6* mos. *da.*

CONTRIBUTORY (SECONDARY)

metastasis(duration) *1* yrs. *6* mos. *da.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF *April 5-1928*

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Pathological Findings

(Signed)

G. E. Mueller

M. D.

1928 (Address)

3537 S. Jefferson

*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

*Sunset Burial Park**June 26 1928*

20. UNDERTAKER

ADDRESS

Ziegenheim Bros. 2623 Cherokee St.

