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

Do not use this space.

35288

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2917 Minnesota St. ..... Ward)

File No. .....

Registered No. 10274

2. FULL NAME Frederich Merkle

(a) Residence. No. 2917 Minnesota St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

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: Anna Merkle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 15. 1850

7. AGE: Years 78. Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Fred. Merkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Anna Merkle
(Address) 2917 Minnesota

15. FILED ....., 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1928, to Oct. 19th, 1928 that I last saw him alive on Oct 19, 1928, and that death occurred, on the date stated above, at 8.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperstatic Pneumonia
101 Lobar
131 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9 10 A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Every

(Signed) Aufderheide M.D., M.D.

Oct 19, 1928 (Address) 3103 Arsenal St

*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 St Marcus — DATE OF BURIAL: Oct 22 1928

20. UNDERTAKER: Thos Kutis — ADDRESS: 2906 Gravois

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.