

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

Do not use this space.

31835

96
2
5
4

93
1
10

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.

1929

1. PLACE OF DEATH

County St. Louis
Township Clinton
City St. Louis

Registration District No. 710
Primary Registration District No. 26053
(No. 96 Grand Place)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. John W. Kerchel Ward.
(Usual place of abode) 96 Grand Place

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Architect
(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) Mus

10. NAME OF FATHER Nicholas Kerchel

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

12. MAIDEN NAME OF MOTHER Barbara Zully

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

14. INFORMANT Ch. Hutter
(Address) 1525 Olive St

15. FILED Sep 27 1929 R. W. Drellman
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1929, to Sept 25, 1929 that I last saw him alive on Sept 25, 1929, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial infarction
mass in stomach - likely carcinoma
typhoid obstruction 46 H
(duration) ? yrs. mos. ds. 930

CONTRIBUTORY (SECONDARY) senile (87 yrs old) 1180
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 46 H
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS typhoid obstruction
(Signed) Lois H. Wilson, M. D.

Sept 26, 1929 (Address) 10220 Broadway

*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 Bellafontaine DATE OF BURIAL Sept 27 1929

20. UNDERTAKER Wagner ADDRESS 3621 Olive

