

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

Do not use this space.

16675

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 100B  
City St. Louis (No. City Hosp.)

File No.....  
Registered No. 5204  
St. .... Ward.....

# 488 **2. FULL NAME** George Mertz  
(a) Residence. No. 1409 Benton St. 26 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Life 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** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan. 28 - 1872  
**7. AGE** YEARS 59 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Painter  
(b) General nature of industry, business, or establishment in which employed (or employer) City  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** St. Louis  
(STATE OR COUNTRY) Missouri  
**10. NAME OF FATHER** Paul Mertz  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Germany  
(STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** Not Known  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Not Known  
(STATE OR COUNTRY)

**14. INFORMANT** Hospital Informant  
(Address) City Hospital

**15. FILED** May 2 1931  
REGISTRAR W. C. Harker

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 29 1931  
**17. I HEREBY CERTIFY, That I attended deceased from** April 8<sup>th</sup>, 1931, to April 29<sup>th</sup>, 1931, that I last saw him alive on April 29<sup>th</sup>, 1931, and that death occurred, on the date stated above, at 11.00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Pulmonary  
Tuberculosis  
(duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** 23  
(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH..... No

**DID AN OPERATION PRECEDE DEATH?** No DATE OF.....

**WAS THERE AN AUTOPSY?** No  
**WHAT TEST CONFIRMED DIAGNOSIS?** Chicago's Laboratory  
(Signed) Ernest Jensen, M. D.

430, 1931 (Address) City Hospital

\*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** Friedens Cemetery  
**DATE OF BURIAL** May 2<sup>nd</sup> 1931

**20. UNDERTAKER** Ry. Seedman Und. Co.  
ADDRESS 1417 N. Market St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARROW RESERVED FOR BINDING

U. S. G. P. O.

Amry