

WRITE PAINLY, 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 29 1932

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

Do not use this space.

30294

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033  
 7 City Clayton (No. 344, N. Mermae St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Bernadine Merton  
 (a) Residence, No. 344 N. Mermae St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Seth S. Merton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

MOTHER 13. NAME John Sibley White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine 2

15. MAIDEN NAME Emile Juret 2

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 2

17. INFORMANT Seth S. Merton  
 (ADDRESS) 344 N. Mermae

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Sept 12, 32

19. UNDERTAKER J. W. Fisher  
 (ADDRESS) 103 N. Central

20. FILED Sept 12 1932 R. W. Sullivan  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932, to Sept 12 1932

I last saw h. ex. alive on Sept. 11 1932. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Cancer of the lung Date of onset Jan. '32  
47B  
6/17/32

Other contributory causes of importance:

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Albert E. Tausig, M. D.

(Address) 3720 Washington

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