

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

Do not use this space.

34275

1. PLACE OF DEATH

County Registration District No.

Township Primary Registration District No.

City *St. Louis* (No. *City Hospital*)

File No.
Registered No. **9635**
St. Ward)

2. FULL NAME

12751 *Hanna Mertens*
(a) Residence, No. *5741 Julian St.* Ward. *6*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* 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*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 4 - 1889*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>43</i>	<i>1</i>	<i>26</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. *95*

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

13. NAME *John Krone*

14. BIRTHPLACE (CITY OR TOWN) *Belleville* (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Julia Ramstad*

16. BIRTHPLACE (CITY OR TOWN) *Belleville* (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Hospital Information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Paradise* DATE *Nov. 2* 19*32*

19. UNDERTAKER *Woods - Hill U. S. 2* (ADDRESS) *2331 A Ave*

20. FILED *OCT 31 1932* *Max R. Starke* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 30th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 27th 1932 to Oct. 30th 1932*
I last saw her alive on *Oct. 30th 1932* Death is said to have occurred on the date stated above, at *1.30 a.m.*
The principal cause of death and related causes of importance were as follows:

Chronic Rheumatic Endocarditis (Quincent)
Cardiac Decompensation
Mitral Valve Stenosis
Bilat. Pleur. Pneumonia (Hypostatic)

Name of operation Date of
What test confirmed diagnosis? *Clin. Path* 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? *Yes*
If so, specify

(Signed) *J. M. ...* M. D.
(Address) *City Hospital*

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.

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