

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 701  
 Township Californian Primary Registration District No. 1000  
 City St. Louis No. 3111 Californian Ave

File No. 3970  
 Registered No. 935  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 3111 Californian Ave 24 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Merschenheimer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1890</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>10</u>
		DAYS <u>27</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teamster</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
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) <u>Ill.</u>		
MOTHER	13. NAME <u>Saliney Merschenheimer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Minnie Kersal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Rose Merschenheimer</u> (ADDRESS) <u>3111 Californian Ave</u>		
18. BURIAL OR REMOVAL PLACE <u>St. John's Catholic Church, Jan 28, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. J. Standley</u>		
20. FILED <u>Jan 26 1933</u> <u>Wm. J. Standley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1933

22. I HEREBY CERTIFY, that I attended deceased from July 1930 to Jan 24, 1933  
 I last saw him alive on Jan 18, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

Myocarditis  
chronic  
1928 A  
935  
134  
 Other contributory causes of importance:  
Nephrolithiasis

Date of onset  
7-10-30

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) E. M. Adams, M. D.  
 (Address) 3012 Lafayette

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.

104  
2  
5  
10

