

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

Do not use this space.

7269

**1. PLACE OF DEATH**

000 County ..... Registration District No. 78  
30 Township ..... Primary Registration District No. 1153  
9 City St. Louis (No. 3122<sup>nd</sup> Arsenal St. .... Ward)

File No. ....  
Registered No. 1190  
St. .... Ward)

**2. FULL NAME**

Dr. Johannes Demmler  
(a) Residence, No. 3122<sup>nd</sup> Arsenal St., 16 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 Male 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 Millie Demmler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 7 15

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

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) Germany

13. NAME Julius Demmler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ida Strauch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Roever  
3122<sup>nd</sup> Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 2-2 33

19. UNDERTAKER (ADDRESS) Witt Bros. & Co.  
2929 S. Jefferson

20. FILED FEB -2 1923 W. J. Fawcett Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1<sup>st</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Jan. 31, 1933.  
I last saw him alive on Jan. 31, 1933. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Rheum. - Lebrus.  
936  
97  
160  
Other contributory causes of importance: Family  
Date of onset Feb.

Name of operation none Date of       
What test confirmed diagnosis? Exam. 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) W. J. Fawcett, M. D.  
(Address) 3115 P. Howard

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.

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