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

Do not use this space.

14431

File No.

Registered No. 118

1. PLACE OF DEATH
County St. Louis
Township Central
City Overland (No. St. Ward)

Registration District No. 789
Primary Registration District No. 60338

2. FULL NAME Louis Machler

(a) Residence, No. 9601 Tennyson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Mary Machler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1862

7. AGE: YEARS 70 69 | MONTHS 8 | DAYS 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Refactories
10. Date deceased last worked at this occupation (month and year) 4/14/33
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Vincent Machler
(ADDRESS) Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter-Paul DATE 4-18-33

19. UNDERTAKER Bumann Bros.
(ADDRESS) Overland, Mo.

20. FILED 4/16 1933 Nelle Riley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to April 15, 1933
I last saw him alive on April 15, 1933 Death is said to have occurred on the date stated above, at 9:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
236	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Cancer 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?
If so, specify
(Signed) T. Brazzfield, M. D.
(Address) 5900 Bricktop

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 24 1933