

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 1700
Primary Registration District No. 6033
(No. St. Louis County Hosp.)

File No. **20985**

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6420 St. Louis Ave. St. _____ Ward. 6th St. Louis
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henri C. Mertz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1895

7. AGE YEARS 38 MONTHS 3 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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. Own home

10. Date deceased last worked at this occupation (month and year) Mar - 15 - 1933 11. Total time (years) spent in this occupation 15

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

13. NAME John Kluger

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

15. MAIDEN NAME Margaret Strub

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo

17. INFORMANT (ADDRESS) Henry Mertz 6420 St. Louis Ave. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cemetery East Pers. Mo. DATE 6-10 1933

19. UNDERTAKER (ADDRESS) Schrader Ind. Co. Ballwin Mo

20. FILED June 10 1933 R. W. Dillway Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 - 1933

22. I HEREBY CERTIFY That I attended deceased from June 6 1933 to June 7 1933
I last saw h. LA alive on June 7 1933 Death is said to have occurred on the date stated above, at 6:40 P. m.

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

Colapsia Date of onset 6-7-33
140
145 P
Other contributory causes of importance: Pregnancy Sept 1930

Name of operation Cesarian Sect Date of 6-7-33
What test confirmed diagnosis? Specimen Was there an autopsy? no

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) F. R. Usher M. D.
(Address) St. Louis County Hosp.

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.

JUN 23 1933

MARGIN RESERVED FOR BINDING

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