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.

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. 1123 — File No. 24389
Township Carondelet — Primary Registration District No. 6L48E — Registered No. 234
City — (No. Mount St. Rose Hosp. St. Ward)

2. FULL NAME Frank Mertz
(a) Residence, No. 5025 Benedict 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 M
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 Cora Mertz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1876
7. AGE YEARS 56 MONTHS 10 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florist
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) Mo

FATHER
13. NAME Godfrey Mertz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sarah Hornacker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Cora Mertz
(ADDRESS) 5025 Benedict

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 25 1933

19. UNDERTAKER Robert J. Ambrusti
(ADDRESS) 6633 Clayton Ave

20. FILED 7-24 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1933

22. I HEREBY CERTIFY That I attended deceased from 6/27 1933, to 7/22 1933
I last saw him alive on 7/22 1933 Death is said to have occurred on the date stated above, at 5:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
46 Carcinoma Pancreas (pancreas)	
93 Metastasis	
96	

46

Other contributory causes of importance:
auricular fibrillation

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) C W Ehlers, M. D.
(Address) 9101 So. Broadway