

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

Do not use this space.

24515

1. PLACE OF DEATH

County..... Registration District No. **797**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5457**, Season.....) St. Ward.....

File No.
Registered No. **5896**
St. Ward.....

2. FULL NAME

(a) Residence, No. **5457**, Season..... 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) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theresa Mery**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23 - 1885**
7. AGE YEARS **48** MONTHS **-** DAYS **10**
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Steamfitter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Nat. Regulator Co**
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) **St. Louis, Mo.**

13. NAME **Charles Mery**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

15. MAIDEN NAME **Elyzabeth A. Tieiman**

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

17. INFORMANT **Mrs. Theresa Mery**
(ADDRESS) **5457**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calmway Cem** DATE **July 6**, 19**33**

19. UNDERTAKER **Feltz Bros**
(ADDRESS) **3024 Lafayette St**

20. FILED **JUL - 5 1933** **J. P. Bredeck**
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3 - 1933**

22. I HEREBY CERTIFY That I attended deceased from **July 2**, 19**33**, to **July 3**, 19**33**.
I last saw him alive on **July 3**, 19**33**. Death is said to have occurred on the date stated above, at **8 P** m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
8 hrs
191
MI

Other contributory causes of importance: **unusually hot weather**

Name of operation **none** Date of.....
What test confirmed diagnosis? **none** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **none**, 19.....

Where did injury occur?..... (Specify city or town, county, and State)
at home

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **no injury**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **J. P. Bredeck**, M. D.
(Address) **502 Cape Ave**

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.

Sr. O. L. Wolter

1502 Cass Ave

9³⁰ to 11 a.m.