CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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

Do not use this space.
28318

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 7461

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Nicholas Lerch.

(a) Residence, No. 5379 Union Blvd St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Marie Lerch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1876.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	6	10	

OCCUPATION

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

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) Nascoutah Ill.

FATHER

13. NAME Frederick Lerch

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

MOTHER

15. MAIDEN NAME Eva Krumrey

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

17. INFORMANT (ADDRESS) Walter A. Lerch 700 Fairview, Webster Groves.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Churchyard DATE Aug 31 33

19. UNDERTAKER (ADDRESS) Wm. Schumacher 4834 Natural Bridge Ave

20. FILED Aug 29 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1933, to Aug. 29, 1933
I last saw him alive on Aug. 29, 1933. Death is said to have occurred on the date stated above, at 6 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal	Indefinite
Chr. Nephritis	"
Uremia	Aug 23, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) Foster A. Dill, M. D.
(Address) 7346 Manchester, Maplewood, Mo.

DEC 1 1943