

MAR 24 1934

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. 785
Township Bonhomme Primary Registration District No. 6031
City B. B. Clayton (No. Atchison) St. _____ Ward)

File No. 6316
Registered No. 57

2. FULL NAME Arled Mertz

(a) Residence, No. Atchison Mo St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Elizabeth Mertz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 2

OCCUPATION

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

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) Mo

13. NAME Gottfried Mertz

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

15. MAIDEN NAME Barbara Christman

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

17. INFORMANT Elizabeth Mertz (ADDRESS) B. B. Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clouton DATE 2-17-1934

19. UNDERTAKER Louis H. Rapp (ADDRESS) Northwood Mo

20. FILED 2-15 1934 Armed J. Ingraham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to Feb 13, 1934

I last saw him alive on Feb 14, 1934. Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Cerebral Hemorrhage Date of onset 1934

Other contributory causes of importance:

Chronic Hypertension 1930
Chronic Diabetes 1930
Arteriosclerosis Cerebralis 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? Post-mortem 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? no
If so, specify _____

(Signed) Walter B. DeGard, M. D.
(Address) Wester Bldg. Southaven

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.

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RECORD

