

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

Do not use this space.

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.

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791-**
 Township..... Primary Registration District No. **1003**
 City **St. Louis mo** (No. **3645 - a California**) St. **1352** Ward)

2. FULL NAME

(a) Residence, No. **3645 - a California 24** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Max F. Reich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 10/1868**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
 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 **Max Mercier**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
 15. MAIDEN NAME **Max Mercier**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Arthur a. Reich 3426 - 80 Jefferson**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S.S. Peter & Paul** DATE **Feb 7 1934**

19. UNDERTAKER (ADDRESS) **Ziegenheim Park 2632 Chesapeake**
 20. FILED **FEB - 11 1934** **J. P. Bredeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 4/1934**
 22. I HEREBY CERTIFY, That I attended deceased from **January 4th**, 1934, to **February 4th**, 1934.
 Last saw her alive on **February 3rd**, 1934. Death is said to have occurred on the date stated above, at **7:40 a. m.**

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **1/4-34**
apoplexy
 Other contributory causes of importance: **arterio-sclerosis** **Indefinite**

Name of operation..... **Chloral symptoms** 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) **W. J. Hayes** M. D.
 (Address) **1544, E. Broadway**

