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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH — SOLATION HOSPITAL

County ..... Registration District No. 791 — File No. 11200

Township ..... Primary Registration District No. 1003 — Registered No. 3063

City St Louis Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME Alois Merli

(a) Residence, No. 4435 Gravois St., 15 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1927

7. AGE — YEARS 6 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) St Louis Missouri

FATHER

13. NAME Thomas Merli
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER

15. MAIDEN NAME Irene Groth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Leona Burns 0600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Mar 29 1934

19. UNDERTAKER (ADDRESS) Wacker-Helderle U.L.C. 2331 S Broadway

20. FILED MAR 27 1934 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1934, to Mar 26, 1934

I last saw him live on Mar 26, 1934 death is said to have occurred on the date stated above, at 1:45 P m.

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

	Date of onset
Diphtheria, Faucial	3-5
Measles	10
Clinkenpox	7
	4

10

Other contributory causes of importance:

Toxic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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 ....., 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) John Eschenbrunner M.D.

(Address) SOLATION HOSPITAL