

WRITE PAINLY, 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

County.....
Township.....
City St. Louis (No. 4605, Newport Ave St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 11390
Registered No. 3304

2. FULL NAME

(a) Residence, No. 4605 Newport St., Am 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Merkel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 14 - 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Sheet Metal Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoemaker Heating Co</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Christian Merkel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mary Merkel</u> <u>4605 Newport Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Churchyard</u> DATE <u>Apr 3 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Selderle</u> <u>2331 Broadway</u>		
20. FILED <u>APR - 2 1934</u> <u>J. H. Bredeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26 1934, to March 31, 1934

I last saw him alive on March 30, 1934. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Cholera
Septicemia
Adenitis
Wound

Other contributory causes of importance
None

Name of operation..... Date of.....
What test confirmed diagnosis? Specimen 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.....
Cholera

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Septicemia
(Signed) W. H. Bredeck, M. D.
(Address) St. Louis

Miss M. Mary
2001 Cleveland Ave.