

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.

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

Do not use this space.

OCT 23 1935

**791
1003**

31082

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis - 500 S. Kingshighway - St. Louis Childrens Hosp Ward.....

File No.....
Registered No. 7877

2. FULL NAME Joan Merz

(a) Residence, No. 3033 MARINA St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-35
7. AGE YEARS MONTHS DAYS 7 ✓ If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MISS.
(STATE OR COUNTRY)

MOTHER 13. NAME Lambert Merz
14. BIRTHPLACE (CITY OR TOWN) Red bud, Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Bremer
16. BIRTHPLACE (CITY OR TOWN) Red bud, Ill.
(STATE OR COUNTRY)

17. INFORMANT J. M. C. Lewis
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Bud Ills DATE Sept 20 1935

19. UNDERTAKER Biederwurzlein Funeral home
(ADDRESS) 1936 Blyden ave

20. FILED SEP 19 1935 Registrar J. P. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-35, 19.....
22. I HEREBY CERTIFY, That I attended deceased from 9-14-35, 19....., to 9-18-35, 19.....
I last saw h.s. R. alive on 9-18-35, 19..... Death is said to have occurred on the date stated above, at 9:45 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Sepsis due to Bacillus Coli infection
cause unknown
Other contributory causes of importance: 123

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify.....
(Signed) Adrian Blayer, M. D.
(Address) 817 University Club Bldg
St. Louis

