

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 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis Mo* (No. *3404<sup>e</sup> Caroline St*) St. .... Ward)

File No. **12816**  
Registered No. **2869**

2. FULL NAME

*Maria Mertz*

(a) Residence, No. *3404<sup>e</sup> Caroline St.*, *18* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Albert Mertz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 24-1857</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>11</i>
	DAYS <i>28</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>	
	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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 12 1936*

22. I HEREBY CERTIFY, That I attended deceased from *3/10* 19*36*, to *3-12* 19*36*

I last saw her alive on *3/12* 19*36* Death is said to have occurred on the date stated above, at *10:45 P.* m.

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

*Chromia myocarditis*  
*131*  
Other contributory causes of importance:  
*Chromia Substantia repulsi*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	13. NAME <i>John Hansen</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Luise Mowen</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
17. INFORMANT (ADDRESS) <i>George Mertz 3404<sup>e</sup> Caroline St</i>	
18. BURIAL, CREMATION, OR REMOVAL <i>St. Matthews DATE March 16 1936</i>	
19. UNDERTAKER (ADDRESS) <i>Ziegenhain Bros 124 23 avenue</i>	
20. FILED <b>MAR 16 1936</b> <i>J. Bredeck</i> Registrar.	

Name of operation *none* 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? *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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *Marlin J. Sless*, M. D.  
(Address) *721 8<sup>th</sup> St.*

