

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

Do not use this space.

JUL 14 1936

791

24213

1. PLACE OF DEATH

County.....

Registration District No.

1003

File No.

Township.....

Primary Registration District No.

Registered No.

5815

City St. Louis,

(No. St. Anthony Hospital)

St. Ward)

2. FULL NAME Emma Merkle

(a) Residence, No. 2601 Louisiana St.,

17 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

William S. Merkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

66

2

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

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)

Waterloo Iowa

FATHER

13. NAME Gustav E. Meissner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Alvina Niemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT William S. Merkle
(ADDRESS) 2601 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory June 4, 1936

19. UNDERTAKER Weick Bros.
(ADDRESS) 2201 So. Grand Blvd.

20. FILED JUN 3 1936

J. Bredeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10-36, 1936, to 6-2-36, 1936

I last saw her alive on 6-1-36, 1936 Death is said

to have occurred on the date stated above, at 2:30 A.M.

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

Ca of descending colon

Date of onset

Other contributory causes of importance:

Tropic myocarditis

Name of operation Laparotomy Date of 5/28/36

What test confirmed diagnosis? Was there an autopsy? N.O.

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. F. Neun

(Address) 3115 S. Grand Blvd

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.

