

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH  
FEB 8 1937 791  
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File No. \_\_\_\_\_  
Registered No. 175  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County St. Louis  
Township \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. Deaconess Hospital)

2. FULL NAME Albert H. Mertz

(a) Residence, No. Clayton No. 2, St. NR Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writhe the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1891

7. AGE YEARS 45 MONTHS 2 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care Taker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacob Lasky yard man 10. Date deceased last worked at this occupation (month and year) Dec. 28, 1936 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

MOTHER 13. NAME Michael Mertz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

15. MAIDEN NAME Elizabeth Haas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

17. INFORMANT Gladys Mertz (ADDRESS) Clayton No. 2 route 1

18. BURIAL, CREMATION, OR REMOVAL Trinity Cemetery PLACE Altheim, Mo. DATE Jan. 7, 1937

19. UNDERTAKER Schradler Funeral Home (ADDRESS) Ballwin, Mo.

20. FILED JAN 5 1937 Jt Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1937

22. I HEREBY CERTIFY That I attended deceased from December 29, 1936, to January 4, 1937  
I last saw him alive on Jan. 4, 1937. Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:

Streptococcus infection  
pharynx & soft palate  
following a strept throat  
Date of onset 12-27-36  
Other contributory causes of importance: \_\_\_\_\_  
1152

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture Was there an autopsy? No.

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) Oran K. Timm M.D.  
(Address) Manchester, Mo.

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.

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