

AUG - 5 1937

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 F. Y. M. A. N.Primary Registration District No. **1008**

City.....

(No. ....)

File No. **25440**Registered No. **6614**

St. ....

Ward)

2. FULL NAME Donald Lee Van Mierlo(a) Residence, No. 436 Wellington

(Usual place of abode)

Ward. 1

(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

Male

4. COLOR OR RACE

White

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

x

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

-

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

July 8, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

Stillborn

OCCUPATION

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

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

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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)

St. Louis, Missouri

13. NAME

Peter Van Mierlo

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

Kim, S. W. C. L., Missouri

15. MAIDEN NAME

Helen Eichhorn

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

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Donald Lee Van Mierlo 436 Wellington

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

July 9/37

19. UNDERTAKER (ADDRESS)

Feyelle, 2416 S. 7420 Mississippi Cir

20. FILED

JUL

19

9 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 81937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

I last saw h..... alive on....., 19.....

Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Date of onset

Asphyxia

Other contributory causes of importance:

 toxemia of pregnancy of mother; duration 2 months; infant probably dead 12 to 18 hrs. previous to delivery

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)

Bernard W. Gerwitz, M. D.

(Address)

Metropolitan Bldg.

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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