

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Anthony's Hospital)

File No.
Registered No. 28693
St. Ward) 7326

2. FULL NAME John B. Lerch

(a) Residence, No. 4404 Miami St. St. 15 Ward.

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erma Lerch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 23, 1895</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>9</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Colonial Baking Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>1 week ago</u>		
11. Total time (years) spent in this occupation.....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st, 1937

22. I HEREBY CERTIFY That I attended deceased from July 27 1937 to July 31 1937
I last saw him alive on July 31 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Carcinoma of liver, spleen, mediastinum, peritoneum, primary seat of Carcinoma could not be determined
Other contributory causes of importance: secondary anemia - unknown

Date of onset
unknown

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Watermeyer, M. D.
(Address) 3318 S Grand

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) <u>Belleville</u> (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Leopold Lerch</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Belleville</u> (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Catherine Mayer</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) <u>Smithton</u> (STATE OR COUNTRY) <u>Illinois</u>
	17. INFORMANT <u>Mrs. Erma Lerch</u> (ADDRESS) <u>4404 Miami St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>8-2-</u> 19 <u>37</u>	
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>	
20. FILE <u>AUG 2-1937</u> <u>J. F. Bredeek</u> Registrar.	

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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3318 So. Grand Ave.

1-3 P.M.