

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32819

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** Registered No. **8873**
 (e) Length of residence in city or town where death occurred **0** yrs. **0** mos. **0** days (If death occurred in Hospital or Institution, write its name instead of street and number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frances Ruth Mertz
 (a) Residence, No. St. **NR** **Chesterfield, Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 22-1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 **0** **0** **8**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
 9. Industry or business in which work was done, as saw mill, bank, etc. **None**
 10. Date deceased last worked at this occupation (month and year) **None** 11. Total time (years) spent in this occupation **None**

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

FATHER 13. NAME **Fred Mertz**

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

MOTHER 15. MAIDEN NAME **Clara Payline Schinzing**

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

17. INFORMANT (ADDRESS) **Fred Mertz Chesterfield Mo. R-#2**

18. BURIAL, CREMATION, OR REMOVAL **St. Paul's Cemetery**
 PLACE **Des. Peres Mo.** DATE **Sept. 24-1937**

19. FUNERAL DIRECTOR (ADDRESS) **Schrader Funeral Home Ballwin, Mo.**

20. FILED **SEP 23 1937** 19 **J. H. Brebach**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 23, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 22, 1937** to **Sept 22, 1937**

I last saw him alive on **Sept 22, 1937**. Death is said to have occurred on the date stated above, at **12:30 A.** m.

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

atelectasis of lungs - pneumonia
 Date of onset **Sept 22, 1937**

Other contributory causes of importance:

pneumonia (chronic)

Name of operation **Exam** Date of **Sept 22, 1937**

What test confirmed diagnosis? **Exam** 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? **no**

If so, specify

(Signed) **Henry Scott**, M. D.

(Address) **Ballwin Mo.**

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader; Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. 3066 or by
working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)