

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

36437
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis mo** (d) Street No. **St. Johns Hospital** Registered No. **10014** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Rosa Merkel**

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **MA Chesterfield Route 2**
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 29 1969**

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
67 10 28

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

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

10. Date deceased last worked at this occupation (month and year) **Oct 13 1937** 11. Total time (years) spent in this occupation **32 yr.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Ill.**

FATHER
 13. NAME **Charles Doering**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis County mo**

MOTHER
 15. MAIDEN NAME **Rosa Gabrisch**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Conrad Merkel**
 (ADDRESS) **Chesterfield Route 2**

18. BURIAL, CREMATION, OR REMOVAL **St. Joseph Cem.**
 PLACE **Manchester mo** DATE **Oct 30 1937**

19. FUNERAL DIRECTOR **Schroeder Funeral Home**
 (ADDRESS) **Pullman mo**

20. FILED **OCT 27 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 27 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10 - 22 1937** to **10 - 27 1937**.
 I last saw her alive on **10 - 27 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:
Acute Stenosis

Other contributory causes of importance:
Chr. myocarditis

Name of operation..... 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? **no**
 If so, specify.....
 (Signed) **H. R. Kuffler**, M. D.
 (Address) **1543 N. 11th St. St. Louis, mo**

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.

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STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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

..... L. E.

No. or by Registered Apprentice No. ~~3880~~
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

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.)