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.

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

Do not use this space.

2
1

1. PLACE OF DEATH
92 County St Charles — Registration District No. 757 — File No. 3914
4 Township — Primary Registration District No. 3036 — Registered No. 16
3 City St Charles (No. 815 Clark Str St. Ward)

2. FULL NAME Wilhelmina Merx 620
(a) Residence, No. St Charles Mo St., 2nd Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19th 1861

7. AGE: YEARS 76 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Cottleville Mo.

FATHER
13. NAME: Nicolous Kessler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Irvin Merx St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cottleville Mo DATE Jan 28th 1938

19. UNDERTAKER (ADDRESS): H. C. Dallmeyer & Davis Co. St Charles Mo

20. FILED 1/27 1938 Clarence G. Wessler Registrar. 4679

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 25, 1938
I last saw h. 2 alive on Jan 25, 1938 Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Jan 19 1938 |

Other contributory causes of importance: 108

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) T. L. Hardin, M. D.
(Address) St Charles, Mo.

RECEIVED
FEB 28 1938
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MO. STATE BOARD OF HEALTH