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.

REC'D JUN 7 1938

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

Do not use this space.

19560

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 799

City ~~Jefferson Barracks~~ (No. Veterans Hospital St. Ward)

2. FULL NAME Merle LEMCKE

(a) Residence, No. 8732 Rosalie Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1890

7. AGE: YEARS 47 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) Saint Louis Missouri.

FATHER

13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Not known

17. INFORMANT (ADDRESS) Clinical Clerk Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE May 5, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. B'way, St. Louis, Mo.

20. FILED 5-3 1938 T.R. Meyer M.D. Dep. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937, to May 2, 1938

I last saw him alive on May 2, 1938. Death is said to have occurred on the date stated above, at 5:00A m.

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

	Date of onset
Fungus Infection of lung (Monilia)	Unkn.
Pulmonary Hemorrhage, acute	5-2-38

4 3

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

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) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.