

REC'D FEB 10 1939

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

91
Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St. Louis Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. 6244
- Registration District No. 791
Primary Registration District No. 1003
(d) Street No. BARNES HOSPITAL St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 912. PRINT FULL NAME Anna R. Merklin

- (a) Residence, No. 3340 Oxford St. N.R. Maplewood 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert J. Merklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Olden Mo.

13. NAME Peter Reuter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Julia Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Albert Merklin
3340 Oxford

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Peter's Park - 1-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Institute
4228 So. Kingshighway

20. FILED JAN 31 1939 J. B. Brudner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 - 11 - 1938, to 1 - 3 - 1939

I last saw her alive on 1 - 3 - 1939. Death is said to have occurred on the date stated above, at 3:50 A.M.

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

Carcinoma of Common hepatic duct. Date of onset 2.

Other contributory causes of importance:

Generalized metastases to liver & lungs.

Name of operation Exploratory Lap Date of Oct 1939

What test confirmed diagnosis from biopsy 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

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 Dr. Buff Allen, M. D.

(Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Edmund M. Bennett

Licensed Embalmer No.....

3094

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.