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 FEB 10 1939

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

Do not use this space. 196

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 196
(c) City St. Louis (d) Street No. City Hospital #1 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 (629) Albert Merkh
(a) Residence, No. 3113 Chippewa St. 16
(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 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 Martha Merkh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1870
7. AGE YEARS 68 MONTHS 3 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Tinner
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) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Martha Merkh 3113 Chippewa St. 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Jan. 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schumacher Und. Co. 3013 Meramec St.

20. FILED ..... 19 ..... J. F. Budeck Local Registrar.
JAN 6 1939

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:05 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull; Fracture of left Shoulder; suffered when deceased fell down steps leading to the basement of his home 3113 Chippewa St. on Jan. 3, 1939, at about 7:00 A.M.

Other contributory causes of importance:
Arterio Sclerosis;

Name of operation ..... Date of ..... No
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? Accident Date of injury 1/3/, 19 39
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Luisen, M.D.
(Address) Deputy Corner

Licensed Embalmer's Statement on Reverse Side)

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, Clarence Kochow, or by .....

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

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.