

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

23786  
Do not use this space.

REC'D AUG 11 1939

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003** Registered No. **6059**  
 (c) City **St. Louis Mo** (d) Street No. **BARNES HOSPITAL** 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**

**MERTZ Theodore Alexander**  
 (a) Residence, No. **2020 Washington** St. **N.R.** **Granite City, Ill**  
 (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 **ML** 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 **Ruth Mertz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 1, 1903**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**35 7 6**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Craneman**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Steel Mill**  
 10. Date deceased last worked at this occupation (month and year) **June 1939** 11. Total time (years) spent in this occupation **10 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Alexander Mertz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Ida Schuch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Ida Mertz 7020 Washington Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. John's Cem.** DATE **July 11, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Charles C. Mercer Granite City, Ill**

20. FILED **JUL 10 1939** 19 **J.P. Breidbach** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-7-39**

22. I HEREBY CERTIFY, That I attended deceased from **6-5-39**, to **7-7-39**

I last saw him alive on **7-7-39**, 1939 Death is said to have occurred on the date stated above, at **1:40 p.m.**

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

**Bronchiectasis, left lower lobe following lobar pneumonia and emphysema**

Date of onset

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) **F.P. Bradley**, M. D.

(Address) **BARNES HOSPITAL**

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.

6059

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**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,

*Charles E. Mercier*

or by

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

Signed

*Charles E. Mercier*

Licensed Embalmer No.

*2988*

P. O. Address

*Granite City, Ill*

**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.**