DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34305

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 8843

1. PLACE OF DEATH:

(a) County REC'D NOV 13 1939

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 621 Bates St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Theodore Merle 1.40

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Ruch

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 16, (Day) 1866 (Year)

8. AGE: Years 73 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Baker 1

11. Industry or business retired 1

FATHER
12. Name Joseph Merle 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Karoline Kalbfleisch
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs Josephine Merle
(b) Address 621 Bates

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bros L & U Co.
(b) Address 2929 S. Jefferson

19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1939 hour 9 minute 28 P. M.

21. I hereby certify that I attended the deceased from November 5, 1938, to Oct 15, 1939, that I last saw him alive on October 15, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of oesophagus associated with extreme emaciation & cachexia	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. G. Abeken M.D. (M. D. or other) 1
Address 5319 a South Broadway Date signed 10/16/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jeff. Ave

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.