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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

Registration District No. 1318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 703

Registrar's No. 456

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)
In this community 58 yrs. 5 mos. 17 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2613a Palm St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John George Mergler

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emily Mergler

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 17, 1885 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business

MOTHER FATHER

12. Name Jacob Mergler

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

14. Maiden name Margaret Kreppelt

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Emily Mergler

(b) Address 2613a Palm St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) JAN 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1944 hour 6:20 minute A M.

21. I hereby certify that I attended the deceased from December 23, 1943, to January 14, 1944, that I last saw him alive on January 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Surgical Shock - Postoperative	36 hrs
Due to: Metastases to the Right and left brain and Skull	2 mo.
Due to: from Bronchogenic Carcinoma Rt. lower lobe	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Craniotomy 1-12-44. intracranial pressure increased
Of autopsy 1-14-44 ① Metastases to Rt. and left brain & Skull ② Bronchogenic Carcinoma Right

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 D. J. Verdo (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/14/44

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.