WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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

Do not use this space.

20004

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5770

City St Louis Mo (No. 1324 Monroe St St. ..... Ward)

2. FULL NAME Pearl Wenrick

(a) Residence. No. 1324 Monroe St St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4th 1913

7. AGE: Years 13 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School 131 A
(b) General nature of industry, business, or establishment in which employed (or employer): 92 A 91 A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS
10. NAME OF FATHER: W E Wenrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills.
12. MAIDEN NAME OF MOTHER: Pearl Frost
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills.

14. INFORMANT: W E Wenrick
(Address) 1324 Monroe St

15. FILED 23 1927 19 ..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1927

17. I HEREBY CERTIFY, That I attended deceased from 6-17 1927, to June 20, 1927 that I last saw her alive on 6-24 1927, and that death occurred, on the date stated above, at 8:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
Myocarditis & Endocarditis
acute
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial
Nephritis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

6/21 1927 (Signed) Samuel F Stiegal, M. D
(Address) 1901 Madison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla
DATE OF BURIAL: June 23 1927

20. UNDERTAKER: Hy Leidner Und Co
ADDRESS 1417 N Market St