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

Do not use this space.

28857

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8413

City St. Louis (No. 6106 Wilson Av. St. ..... Ward)

2. FULL NAME Pearl C. Walter

(a) Residence. No. 6106 Wilson Av St., 3 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1903

7. AGE: Years 24 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: John Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Sarah Gabbert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Geo. J. Walter
(Address) 6106 Wilson Av.

15. FILED SEP 21 1927 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from August 17, 1927, to Sept 20, 1927 that I last saw her alive on Sept 20, 1927, and that death occurred, on the date stated above, at 8 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
72A

31

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Freudenstein M. D
Sept 20, 1927 (Address) Manchester Bank

*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: Memorial Park | DATE OF BURIAL: Sept 24 1927

20. UNDERTAKER: Kriegshauser U. Co. | ADDRESS: 4104 Manchester Av.

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.

PERMANENT RECORD

Dr. [illegible]
[illegible]
1-3 P.M.