

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

Do not use this space.

38345

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Anthony Hosp.) St. .... Ward)

File No. ....  
 Registered No. 11011

**2. FULL NAME**

Lulu W. Pedde  
 (a) Residence. No. 2316 Arkansas Ave. St. 17 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank H. Pedde</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 9th. 1879</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>4</u>	<u>27</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>House Wife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

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

PARENTS	10. NAME OF FATHER <u>Aug. Crecelus</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Kate Rockwell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Frank Pedde  
 (Address) 2316 Arkansas

15. FILED DEC -9 1927 Max G. Staroboff  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6th. 1927  
 17. I HEREBY CERTIFY That I attended deceased from Dec 14 1927, to Dec 6 1927  
 that I last saw h. or alive on Dec 6 1927, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Ovary  
46 C  
93 D  
 (duration) yrs. 11 mos. 6 da.  
 CONTRIBUTORY (SECONDARY) Myocarditis  
Acute (duration) yrs. 3 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? 2316 Arkansas  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 16-27  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Histochemistry  
W. J. Airsbury, M.D.  
Dec 10, 1927 (Address) 419 So 7th

\*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 S.S. Peter & Paul DATE OF BURIAL Dec. 9th 19 27  
 20. UNDERTAKER W. Schumacher ADDRESS 3015 Metairie

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.

