

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

Do not use this space.

27610

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
 Township Wardell Primary Registration District No. 6248 Registered No. 274  
 City (No. 1414 Blue Ridge Drive) St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Marie A. Pekarek  
 (a) Residence, No. 1414 Blue Ridge Drive St., \_\_\_\_\_ Ward. (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Leon Bourgeois

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Emily Rapsie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida, Mo.

17. INFORMANT (ADDRESS) Francis W. Pekarek, 1414 Blue Ridge Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Cemetery 8/22 1933

19. UNDERTAKER (ADDRESS) Dean J. Hoffmeister, 4016 Schippener

20. FILED Aug 19 1933 L. C. Obrock Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Aug 19 1933  
 I last saw him alive on Aug 17 1933 Death is said to have occurred on the date stated above, at 16 AM  
 The principal cause of death and related causes of importance were as follows:

Encephalitis  
Acute Myocarditis  
 Date of onset 8/15/33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. A. Fisher, M. D.  
 (Address) 2540 California

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. SEP 26 1933

