

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.

#93 JUL 8 - 1937

Sauters Park  
8614 S. Broadway

791  
1003

File No. 21888  
Registered No. 5640  
2 St. Ward

1. PLACE OF DEATH

County Registration District No.  
Township Primary Registration District No.  
City (No. 8614 S. Broadway)

2. FULL NAME

Pearl June Mirgian

(a) Residence, No. 8925 S. Grand St. 1 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) June 30, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 11 5

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hancock School  
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) Hillsboro Mo

MOTHER FATHER  
13. NAME Emil Mirgian

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

15. MAIDEN NAME Della Morgan

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

17. INFORMANT (ADDRESS) George R. B. Ritsch 8925 S. Grand ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE June 8/37

19. UNDERTAKER (ADDRESS) Hamilton Hlth Co 744 ...

20. FULL JUN 8 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:  
Date of onset

Asphyxiation due to drowning while swimming in swimming pool at Sauters Park 8614 So.  
Other contributory causes of importance: Broadway, about 2:25 P.M. June 5, 1937

Name of operation 183 Date of ...  
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ... Date of injury 6/5/1937  
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 Public place  
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased?  
If so specify ...  
(Signed) Alfred Perry  
(Address) ...

