

REC'D APR 11 1938

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

9092
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Missouri Pacific Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2681**2. PRINT FULL NAME **Mrs. Pauline Ethel Pique 200**

(a) Residence, No. **8836 Forest Avenue** St. **N.P. OVERLAND, Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Robert W. Pique**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March, 22, 1912**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 11 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Martin, Tenn.**13. NAME **Char. D. Wardlow**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rogers, Ark.**15. MAIDEN NAME **Eliza Shenklin**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rogers, Ark.**17. INFORMANT **Robert W. Pique**
(ADDRESS) **8836-Forest, Overland, Mo.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Rogers, Ark.** DATE **3 - 22 - 38**19. FUNERAL DIRECTOR **Baumann Bros. Inc.**
(ADDRESS) **2504 Woodson, Rd. Overland.**20. FILER **J. Bredack**
Local Registrar.

MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 19, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **February 15, 1938, to March 19, 1938**
I last saw her alive on **March 18, 1938** Death is said to have occurred on the date stated above, at **8:35 A.M.**
The principal cause of death and related causes of importance were as follows:

Juvenile Atrophic Cirrhosis Date of onset

Other contributory causes of importance:

Operation for fluid in abdomen, non-d.B. cause unknown.Name of operation **Laparotomy** Date of **1-13-38**
What test confirmed diagnosis? Was there an autopsy? **No**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 injury24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify(Signed) **David A. Goldman** M. D.
(Address) **Mo. Pacific Hospital**

STATEMENT BY LICENSED EMBALMER

I, Cesar J. Mueller, Licensed Embalmer No. 3039

hereby certify that the body recorded on the reverse side of this certificate was embalmed by WLL

..... L. E.

No. 3039 or by Registered Apprentice No. 30

working under my personal supervision.

Signed Cesar J. Mueller

Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)