

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

41
9306
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Park Lane Memorial Hospital Registered No. 2895
 (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.

2. PRINT FULL NAME

Elizabeth Pecher, 260
 (a) Residence, No. 4216a Harris Avenue St. 10
 (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 Herman Pecher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 4 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Ill. 1

FATHER

13. NAME George Sutter 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

MOTHER

15. MAIDEN NAME Cleova Steinlage
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Herman Pecher 4216a Harris Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions DATE Mar. 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Iermann & Son 2161 East Fair Avenue

20. FILED MAR 28 1938 J. D. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1938

22. I HEREBY attest that Elizabeth Pecher deceased from 19... to 19...
 I last saw her alive on Mar 25, 1938. Death is said to have occurred on the date stated above, at 11:00 P. M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Chronic Heart Disease

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 Yes
 (Signed) J. D. Bredek, M. D.
 (Address) 4930 26th St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, *Louise Hampton*, Licensed Embalmer No. 2967

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Louise Hampton*
Licensed Embalmer No. 2967

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.)