

REC'D APR 12 1939

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

8700

Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 1003
(b) Township ST. LOUIS Primary Registration District No. 2465
(c) City ST. LOUIS (d) Street No. 6107 LITHIA AVE CHRISTIAN HOSP
(e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PEARL SCHAEFER

(a) Residence, No. 6107 LITHIA AVE St. NR PINE LAWN
(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 7 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 GEORGE SCHAEFER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10-1892
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
46 10 2

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

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MOFATHER 13. NAME MICHAEL SULLIVAN14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME JOHANNA McGRATH16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY)17. INFORMANT George A. Schaefer
(ADDRESS) 6107 Lithia Ave18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE MAR 16 193919. FUNERAL DIRECTOR L. B. Tanner
(ADDRESS) 6107 Natural Bridge Rd20. FILED MAR 15 1939 J. B. Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to March 12, 1939I last saw her alive on March 12, 1939. Death is said to have occurred on the date stated above, at 5:50 p. m.

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

Date of onset 3/5/39

Septicemia
Lobar Pneumonia (left lung) type #1
Cholecystitis with effusion
Empyema
Thrombosis
Stroke + Physical

Other contributory causes of importance: 2/6/39
2/18/39Name of operation Thrombosis Date of 2/20/39What test confirmed diagnosis? Stroke + Physical Was there an autopsy? No23. 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? No

If so, specify

(Signed) Geo. P. Proger, M. D.(Address) 3442 Berdine

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, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Guy W. Wilkin
Licensed Embalmer No. 3575

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.)