

REC'D JUN 12 1939

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

791  
100817071  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City St. Louis (d) Street No. \_\_\_\_\_ Registered No. 4605  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number) BARNES HOSPITAL

## 2. PRINT FULL NAME

Eva Laura Perschbacher  
(a) Residence, No. \_\_\_\_\_ St. NR Murphyboro, Ill.  
(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 F. 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 Roland Perschbacher.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 43.

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. \_\_\_\_\_  
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) Illinois

FATHER 13. NAME Thomas Quick

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

MOTHER 15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Roland Perschbacher  
Murphyboro Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Murphyboro Ill. DATE 5-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Meyer Funeral Home  
Murphyboro Ill.

20. FILED MAY 20 1939 J. D. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1939 to 5-19 1939

I last saw her alive on 5-19 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Brain Tumor,  
benign  
(left cerebral) Date of onset 4-1-39

Other contributory causes of importance: \_\_\_\_\_

Name of operation Ventriculogram Date of 5-12-39

What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_, 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) C. Glescher M. D.  
(Address) BARNES HOSPITAL

4605

4605

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Howard F. Rowland*

Licensed Embalmer No. *9114*

P. O. Address *Othello, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**