

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23587
Registrar's No. 5860

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: **1008**
 (a) County _____
 (b) City or town St. Louis Mo
 (c) Name of hospital or institution: Park Lane Hosp
 (d) Length of stay: In hospital or institution 10 Days
 In this community 10 Years

3. (a) PRINT FULL NAME Pearl Joeckel
 8. (b) If veteran, name war No
 8. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph G Joeckel
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased May 20 1892

8. AGE: Years 47 Months 1 Days 10 If less than one day 5 hr. 50 min.

9. Birthplace Springfield Missouri

10. Usual occupation House Work

11. Industry or business at her home

12. Name Louis J Shepherd
 13. Birthplace Unknown Missouri
 14. Maiden name Ella Goodwin
 15. Birthplace Unknown Missouri

16. (a) Informant's own signature Joseph G Joeckel
 (b) Address 4450 Arco Ave

17. (a) Burial (b) Date thereof 7-3-39
 (c) Place: burial or cremation MEMORIAL PARK EM.

18. (a) Signature of funeral director Kriegshausen Und Co
 (b) Address 4228 So. Kinghighway Blvd

19. JUL 2 1939 (b) J. F. Budick

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (d) Street No. 4450 Arco Ave.
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
 year 1939 hour 5 minute 50 AM.

21. I hereby certify that I attended the deceased from June 20, 1939, to June 30, 1939;
 that I last saw her er alive on June 30, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, acute
 Due to Non Malignant
 Due to 93C

Other conditions Myocarditis, acute
 Major findings of operation Caused by chr. Myocarditis
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

28. Signature Wm. J. Sweet (M. D. or other) M.D.
 Address 4930 Lindell Blvd. Date signed _____

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

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.