

Registration District No. 791 Primary Registration District No. 1003

FILED FEB 17 1940

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5846<sup>a</sup> Easton - Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 28 yrs.  
years, months or days

3. (a) PRINT FULL NAME Pearl Schildkret 437  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or Alexander 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt. 66 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Marcus Rathfeld 7

18. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Char. Blum

15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Barth

(b) Address 5846<sup>a</sup> Easton

17. (a) Burial (b) Date thereof Jan 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherub Kadisha

18. (a) Signature of funeral director W. J. Bredich  
(b) Address 4449 Washington

19. (a) JAN 28 1940 (b) J. P. Bredich  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town 5846<sup>a</sup> Easton B  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 26  
year 1940 hour 6 minute 10 P. M.  
21. I hereby certify that I attended the deceased from 8/28/35  
19. \_\_\_\_\_ to 1/26 19. 40  
that I last saw her alive on Jan. 26 19. 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Aggravated since automobile accident July 28, 1938

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93c  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence see above

(c) Where did injury occur? St. Louis, Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in a public place

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Joe M. Oremsten (M. D. or other)  
Address 6530<sup>a</sup> Easton Ave Date signed 1/27/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*myself*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*W B Embanella*  
.....

Licensed Embalmer No. *3669*

P. O. Address *4469 Washington*

**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.