541
No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20408

Registration District No. 91 Primary Registration District No. 1003 Registrar's No. 5356

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3443 Utah Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Caroline Pesold 243

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard Pesold

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 28 (Day) 1873 (Year)

8. AGE: Years 66 Months 6 Days 19 If less than one day hr. min. 0

9. Birthplace St Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Nurse

11. Industry or business

FATHER
12. Name Herman Lerch
13. Birthplace St Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frances B Pesold
(b) Address 3443 Utah Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Paul

18. (a) Signature of funeral director John P Collyn Bro
(b) Address 928 N Grand Blvd

19. (a) JUN 21 1940 (Date filed with local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19, year 1940 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from May 24, 1940, to June 19, 1940 that I last saw her alive on June 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Melvin Carlberg (M. D. or other)

Address 1515 Lafayette Date signed 6/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Geo W Wilkinson

Licensed Embalmer No. 3575

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.