

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.

FILED AUG 5 1940

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

26394
Do not use this space.

1. PLACE OF DEATH 2

(a) County St. Louis 0 Registration District No. 784

(b) Township St. Ferdinand Primary Registration District No. 200

(c) City St. Louis (d) Street No. _____

(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.

2. PRINT FULL NAME 455 Sister Mary Perseveranda Pfullmann

(a) Residence, No. Villa Gesù - Riverview Drive St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>4</u>	<u>12</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. teacher

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) Belleville, Illinois

FATHER

13. NAME Bernard Pfullmann

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

MOTHER

15. MAIDEN NAME Elisabeth Baumann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shiloh, Illinois

17. INFORMANT (ADDRESS) Sister Mary Ludwiga VILLA GESU

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Gesù Cemetery DATE July 30, 1940

19. FUNERAL DIRECTOR (ADDRESS) Theodore Fendler 7420 Maplewood Ave

20. FILED JUL 29 1940 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1940

22. I HEREBY CERTIFY, that I attended deceased from June 1937 to July 26 1940

I last saw him alive on 7-26 1940 at 5:15 a.m. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Carcinoma of uterus with general Metastasis

Date of onset 2

Other contributory causes of importance 48

Name of operation hym Date of _____

What test confirmed diagnosis? spec Was there an autopsy? No

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? No

If so, specify _____

(Signed) Robert H. H. H. H. M. D.

(Address) 5388 N. Union Blvd

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

Licensed Embalmer No.

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.)