

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8194

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4537^a Fair Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 6 3 yrs.
years, months or days)

3. (a) PRINT FULL NAME CAROLINE PEARPER

8. (b) If veteran, name war _____ 8. (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 Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 28 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper 6

11. Industry or business Home 1

12. Name C. H. Van Buren

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Caroline Meyer

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

16. (a) Informant Edward C. Farrer

(b) Address 4537^a Fair Ave.

17. (a) Burial (b) Date thereof Oct 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary Cemetery

18. (a) Signature of funeral director W. M. Schumacher
(b) Address 4834 Natural Bridge Ave

19. (a) OCT 14 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4537^a Fair
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1940 hour 11:50 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 14
1939 to Oct 10, 1940;
that I last saw her alive on Oct 10th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 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 _____

(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?

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

23. Signature E. H. Wilson (M. D. or other) _____

*Address art 2 6 Date signed _____

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

MOTHER FATHER

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 _____

Licensed Embalmer No. 3145

P. O. Address St Charles M

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.