

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22936
6485
Registrar's No. _____

791

Primary Registration District No. 1003

Registration District No. _____

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:
Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours
(Specify whether
In this community Always.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3842 Cleveland Ave. (If rural, give location) 9 17
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1942 hour 7:20 minute P. M.
21. I hereby certify that I attended the deceased from July 1 - 1942
19 36 to 36 1942;
that I last saw him alive on July 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent carcinoma of breast
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
Home at work? (a) Means of injury Car
23. Signature R. Berg (M. D. or other)
Address 253 Nebraska Date signed 7/31/42

3. (a) PRINT FULL NAME Pearl C. Lytton

3. (b) If veteran, name war None 3. (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 Henry 6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased. Jan 16 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 14 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Henry Scheffer

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Barbara Schurick

15. Birthplace Not-Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Hazel Archederra

(b) Address 3842 Cleveland Ave

17. (a) Burial (b) Date thereof 8/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Charles J. Kron Fun.

(b) Address 4911 Washington, Blvd.

19. (a) JUL 31 1942 (b) J. F. Orndorff
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

Thomas P. Tenwick

Licensed Embalmer No. *3793*

P. O. Address *St. Louis, Mo*

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, fact should be so stated above.