S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945

State File No. 26244

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7164

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

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1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL") 17

(d) Street No. 3829 FOLSOM AV. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PEARL R. WARDEN

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife THEODORE R. WARDEN.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MAY (Month) 27 (Day) 1892 (Year)

8. AGE: Years 53 Months 2 Days 16 If less than one day hr. min.

9. Birthplace MT. STERLING (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name IRA LANTZ.
13. Birthplace MT. STERLING (City, town, or county) ILL. (State or foreign country)

MOTHER
14. Maiden name IDA FREDLIN
15. Birthplace MT. STERLING (City, town, or county) ILL. (State or foreign country)

16. (a) Informant Mr Theodore R. Warden

(b) Address 3829 Folsom Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 15 (Day) 45 (Year)

(c) Place: burial or cremation CITY CEM. MT. Sterling Ill.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 10 minute 30 p.M.

21. I hereby certify that I attended the deceased from 7-20, 1945, to 8-12, 1945 that I last saw her alive on 8-11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis of Metastatic	
Due to Ca of Uterus	
Due to	
Other conditions Uterus obst. Ca (Include pregnancy within 3 months of death)	
Major findings: Of operations 48	
Of autopsy	

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 A. E. Vett (M. D. ~~or other~~)

Address 8-13-45-634 N. Broad Date signed

(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 Jos B. Vollmer

Licensed Embalmer No. 4014

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.