WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14384

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. St. Louis Children's Hospital 500 So. Kingshighway St. ..... Ward)

File No. ..... Registered No. 3721

2. FULL NAME Eleanor Schermer

(a) Residence. No. 2521 Cleveland - Granite City St. Illinois 12 Ward. Granite City Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Never yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	9	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER Joseph Schermer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hungary 14

12. MAIDEN NAME OF MOTHER Ida Arnovitz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scranton
(STATE OR COUNTRY) Pennsylvania 2

14. INFORMANT M. Luebt
(Address) 500 So. Kingshighway

15. FILED APR 17, 1932 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 16 - 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-13-, 1932, to 4-16-, 1932 that I last saw her alive on 4-16-, 1932, and that death occurred, on the date stated above, at 5 40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumococcus Peritonitis
129 (Non Tuberculous
36 129 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Pneumococcus Septicemia
..... (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Blood culture
(Signed) Lawrence Goldman, M. D.
4/16, 1932 (Address) St. Louis Children's Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bnai Amoona	4/17 1932

20. UNDERTAKER	ADDRESS
H B Berger	4715 McPherson