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.

JAN 14 1935

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

Do not use this space.

44446

File No. 11530

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St Louis Mo (No. 1913, Newhouse Ave St. ..... Ward)

2. FULL NAME Margaret F Perlow

(a) Residence, No. 1913 Newhouse Ave St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Feminine

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, 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) Neb

FATHER

13. NAME John Lenhard

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Bertine Perlow 1913 Newhouse Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Dec 5, 1934

19. UNDERTAKER (ADDRESS) Mich Hirtmann & Son 2161 E. Fair Ave

20. FILED DEC 1 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to Dec 3, 1934

I last saw her alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 1 40 A m.

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

	Date of onset
acute Parecarditis	
8 2 8	
9 0 0	
8 2 8	

Other contributory causes of importance:

Hemoplegia
on Right side
Cerebral Hemorrhage

Name of operation None Date of ....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify No

(Signed) Dr M F Harmann M. D.

(Address) 2743 N Grand