

FEB 16 1938

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

4103  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
 (b) Township Jay Primary Registration District No. \_\_\_\_\_ Registered No. 157  
 (c) City St. Louis, Mo. (d) Street No. St. Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Pexa 200

(a) Residence, No. 2120 Allen Ave. St.  St. Louis, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

Jan 21, 1938, to Jan 22, 1938  
 I last saw her alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 7:30p.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1893

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 3 21

Date of onset 1/21/38

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Streptococcus Meningitis  
490

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance: Statis Gredia P. ear 1/19/38

FATHER 13. NAME Joseph Mahler

Name of operation None Date of \_\_\_\_\_

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

What test confirmed diagnosis? All clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Marie Engel

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Louis Pexa (ADDRESS) 2120 Allen Ave.

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Jan. 26 1938

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) J. H. M. Mays 1926 Allen Ave.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

20. FILED 124 1938 J. H. Mays M.D. Dist. Reg. Local Registrar.

(Signed) J. H. Mays, M. D.

(Address) 833 No. State Bldg.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96  
2

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Wm C Moydell*

Licensed Embalmer No. 1467

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**