. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 177
Registrar's No. 177

Registration District No. 791
Primary Registration District No. 1003

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: 5379 Patton Avenue
(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 Missouri (b) County 000
(c) City or town St. Louis 617
(If outside city or town limits write "RURAL")
(d) Street No. 5379 Patton Avenue 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Louise Pecher
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fredrick Pecher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 15 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	22	hr. min.

9. Birthplace ST LOUIS, MO 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER
12. Name John Schnier
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine M. Diepebrock
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Harry A. Pecher
(b) Address 8115 Monroe Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd. 1411
19. (a) JAN 8 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 8:15 minute A. M.
21. I hereby certify that I attended the deceased from 1-5-40, 1941, to 1-7-, 1941
that I last saw her alive on 1-7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	2 days
Due to Vegetative Endocarditis	4 yrs
Due to	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	6 yrs

Major findings:
Of operations ✓
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 Leo J Reilly (M. D. or other) MD
Address 8105 Page Blvd. Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

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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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address.....

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, above space should be left blank.