

BUREAU OF THE CENSUS
FILED JAN 16 1945

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **95**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: CHRISTIAN HOSP
(d) Length of stay: In hospital or institution 11
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(d) Street No. 2616 1/2 No. 11th St
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Pearl A. Bade

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WID

6. (b) Name of husband or wife Christian 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 30 1888

8. AGE: Years 56 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Ill (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Home

12. Name WM EDIER

13. Birthplace St. Louis Ill (City, town, or county) (State or foreign country)

14. Maiden name EMILIE VAN HORDE R

15. Birthplace NEW YORK (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thos C. Edler

(b) Address 1178 River View

17. (a) Burial (b) Date thereof Jan 6 1945

(c) Place: burial or cremation 3 years

18. (a) Signature of funeral director Provoost and Co

(b) Address 3710 N. Grand Blvd C

19. (a) JAN 5 1945 (b) J. J. Bredich

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1945 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 1942 to Jan 4 1945
that I last saw her alive on Jan 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix and uterus.

Due to Primary in cervix

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____ Of autopsy yes

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Bredich (M. D. or other) M.D.

Address 5674 N. Union Date signed 1-5-45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39

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.....

Licensed Embalmer No.....

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.