No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40241

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11034

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

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: 2625 Arkansas
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2625 Arkansas 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EVA SUNKEL

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late Ernest

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep't. (Month) 4 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	26	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Adolph Pecant
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Cecile Racim
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Ernest Sunkel
(b) Address 2625 Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 2-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1947 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1947 to Nov 29, 1947
that I last saw her alive on 11/29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral metastases

Due to Carcinoma of L. Breast

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Duration: Several weeks

50

Major findings: Of operations Mammary Carcinoma (L) c̄ metastases to all axillary glands.

~~Of autopsy~~

PHYSICIAN

Underline the cause of 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 P. G. Moskop (M. D. or other) M.D.

Address 3554 Victor St Date signed 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St. Louis 4 Mo.

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.....Richard W. Stovesand

Licensed Embalmer No.....4007

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, fact should be so stated above.