

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

Do not use this space
15648
15379
 File No. _____
 Registered No. **4610**
 SL _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1573 Buck Ave**)

2. FULL NAME **Robert E Pearson**

(a) Residence. No. **1573 Buck Ave** St. **4** Ward. _____
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Florence Pearson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 9 1893**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Contactor**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Street Car**
 (c) Name of employer **Public Service Co**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER **not known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

12. MAIDEN NAME OF MOTHER **not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

14. INFORMANT **Florence Pearson**
 (Address) **1573 Buck Ave**

15. FILED **PR 27 1928** **May C Starkey**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4 26 1928**

17. I HEREBY CERTIFY, That I attended deceased from **April 18-19 1928**, to **April 26 1928**, that I last saw him alive on **April 26 1928**, and that death occurred, on the date stated above, at **2 PM**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)
108
91A (duration) _____ yrs. _____ mos. **9** ds.
 CONTRIBUTORY **Acute Endocarditis** (SECONDARY) (duration) _____ yrs. _____ mos. **3** ds.

18. WHERE WAS DISEASE CONTRACTED **1010**
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **L. Bleuch**
 (Signed) _____ M.D.
 _____, 19 (Address) **Barth & W Pine Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Dexter, Mo** DATE OF BURIAL **4/28 1928**

20. UNDERTAKER **Brooker - 7146 Manchester** ADDRESS _____

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.

2011 - Personnel

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