

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

Do not use this space.

19843

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**

City **St. Louis Mo 500** (No. **500**) **St. Anthony, Mo. Cl. Inf. St.** (Ward)

File No.

Registered No. **5868**

2. FULL NAME

(a) Residence. No. **Margaret Pearson**
(Usual place of abode) **4315 Ellenwood** Ward. **15**

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 **Female** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 18-29**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 9 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **School child**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Grey Lee**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Pearson**

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

12. MAIDEN NAME OF MOTHER **Rebecca Williams**

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

14. INFORMANT **L. M. Fisher**
(Address) **2500 St. Anthony**

15. FILED **22 MAY 1931**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 21-1931**

17. I HEREBY CERTIFY, That I attended deceased from **Oct. 20**, 19**30**, to **May 21**, 19**31** that I last saw him alive on **May 21**, 19**31** and that death occurred, on the date stated above, at **3:40 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Rheumatic Heart Disease
Chronic Endocarditis, Myocarditis
and Pericarditis**

(duration) **1** yrs. **1** mos. **1** ds.

CONTRIBUTORY **Congestive Heart Failure**
(SECONDARY) (duration) **1** yrs. **1** mos. **1** ds.

18. WHERE WAS DISEASE CONTRACTED? **Home**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Exam**

(Signed) **Alvin S. Hartman**, M. D.

(Address) **5305 Kingshigh Way**

*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 **Church Burial Plk** DATE OF BURIAL **5-25 1931**

20. UNDERTAKER **Keeghsauer & Co** ADDRESS **9104**

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.

UNFADING INK—THIS IS A PERMANENT RECORD

