

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 3777 Lee Ave)

File No. 26879

Registered No. 7110

St. Ward)

2. FULL NAME William L Pearson

(a) Residence, No. 3777 Lee Ave St. 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ys. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME John Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Amelia Pearson
3777 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE July 21, 1934

19. UNDERTAKER (ADDRESS) W. J. Leidner, Und. Co.
1417 N. Market St.

20. FILED 19 1934 J. P. Bredsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 17, 1934.

I last saw him alive on July 17, 1934. Death is said to have occurred on the date stated above, at 12³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephrosclerosis Date of onset

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Other contributory causes of importance

Senility

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. W. Sewing, M. D.

(Address) 2349 Belmont Ave

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.

AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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A. H. Sewing