WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

JAN 13 1936

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

791

Do not use this space.

41918

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 11172

Township ..... Primary Registration District No. ..... Registered No. 11172

City St Louis (No. 3839 Ashland Ave St. ..... Ward)

2. FULL NAME Mary E. Pearson

(a) Residence, No. ..... St., 10 Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Robert J. Pearson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	4	11	

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Michael Haas

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

MOTHER

15. MAIDEN NAME Pauline Hoffmann

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

17. INFORMANT Arthur J Pearson (ADDRESS) 3839 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Jan 2 1936

19. UNDERTAKER Arthur J Donnelly (ADDRESS) 3840 Lindell Blvd

20. FILED DEC 31 1935 19.... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1924 to Dec. 30 1935

I last saw her alive on Dec. 28 1935 Death is said to have occurred on the date stated above, at 6:15 P.m.

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

	Date of onset
Carcinoma of Cervix	1925
48	
Other contributory causes of importance:	
Acute nephritis	3 days
Recurrent generalized metastasis	1934

Name of operation Radium Date of .....

What test confirmed diagnosis? Microscope 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? No

If so, specify .....

(Signed) S. D. Leon M. D.

(Address) Metropolitan Bldg

Dr Levin
Met Bldg
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