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.

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

JUL 14 1936

791
1003

Do not use this space.
24915

File No.
Registered No. 6571

1. PLACE OF DEATH
County
Township
City St. Louis, (No. City Hospital No.1, St. Ward)
Registration District No.
Primary Registration District No.

B3603
2. FULL NAME George Pearce
(a) Residence, No. 1227 North Taylor 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1865

7. AGE: Years 71; Months; Days 5; If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info. H. H. Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE June 30th. 19 36

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED JUN 29 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/10/36, 19, to 6/26/36, 19
I last saw him alive on 6/26/36, 19. Death is said to have occurred on the date stated above, at 10:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
HC	

Other contributory causes of importance: Arteriosclerosis, General

Name of operation 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 Roy Greenbaum M.D.
(Signed) City Hospital No.1, M. D.
(Address)