

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**

9056
Do not use this space.

1939 APR 12 1939

791
1003

2821

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis or (d) Street No. Homer Phillips Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pearl Thomas

(a) Residence, No. 3404a Delmar St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1885		
7. AGE	YEARS 53	MONTHS 10	DAYS 4	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework			
	9. Industry or business in which work was done, as 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) Mississippi				
FATHER	13. NAME Jack Wright			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown			
MOTHER	15. MAIDEN NAME Harriett Small			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 18** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 18** 19**39** to **March 18** 19**39**

I last saw h. ~~or~~ alive on **March 18** 19**39** Death is said to have occurred on the date stated above, at **5:30am**.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset **2/18/39**

Other contributory causes of importance:

Chronic nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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.....

Was disease or injury in any way related to occupation of deceased?
 (Specify)
 (Signed) **H. J. Lyman**, M. D.
 (Address) **2601 N Whittier**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 DATE **3/23/39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Houston's Funeral Home 2812 Thayer**

20. FILED **MAR 25 1939** 19 **JD Bredeck**
 Local Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2266

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.