

130 JUL 12 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5744

1. PLACE OF DEATH:

1003

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ?
(Specify whether
 In this community 25 Years
years, months or days)

3. (a) PRINT FULL NAME Pearl DePauli 140
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced (unk)
 6. (b) Name of husband or wife (unk) DePauli 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
Ab. 30

9. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Sanitarium

MOTHER FATHER
 { 12. Name (unk) Spivak
 { 13. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth Naurisson
 { 15. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Moss
 (b) Address 6315 N. Rosebury

17. (a) BURIAL (b) Date thereof 6/29/1939
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chapel Shel & Smith

18. (a) Signature of funeral director H. B. Berger
 (b) Address 4715 Mc Pherson

19. JUL 22 1939 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 113
(If outside city or town limits, write "RURAL")
 (d) Street No. City Sanitarium
(If rural, give locality)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27
 year 39 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Post Operative Shock Duration _____
 Due to following Laminectomy preparatory for Sympathectomy for Malignant Hypertension
 Other conditions for Malignant Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations 102
 Of autopsy See above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. B. Brudick (Specify type of place) _____ (e) Means of injury _____
 Address _____ (H. D. of County) _____
 Date signed 6/29

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.

STATEMENT BY LICENSED EMBALMER

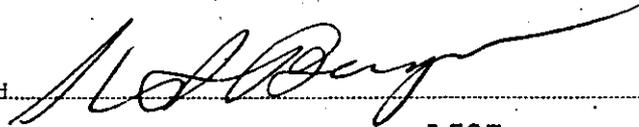
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H. I. Berger

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 1597

..... 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.