

Registration District No. **791**

Primary Registration District No. **003**

Registrar's No. **5237**

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.

1. PLACE OF DEATH:
 (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: En route City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward B. Pearia Sr.
 3. (b) If veteran, name war No
 3. (c) Social Security No. 494-10-8387

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frances Pearia
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased Aug. 18, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER
 12. Name Emial Pearia
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER
 14. Maiden name Louise Bassitt
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Frances Pearia
 (b) Address Roberson, Mo.

17. (a) Burial (b) Date thereof June 27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 H. Ediamont Ave.

19. (a) JUN 25 1941 (b) J. H. Medford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Roberson
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1941 hour 4.00 minute _____ P.M. M.

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

Immediate cause of death: Coronary Occlusion with Chronic Myocardial Fibrosis
 Due to Chronic Parenchymatous Nephritis
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature Thomas J. Callara (M. D. or other)
 Address Deputy Coroner Date signed 6/27/41

City Coroner

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.....

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

working under my personal supervision.

Signed.....

Geo. W. Clark
..... Licensed Embalmer No..... 1661.....

P. O. Address 1125 H odiamont Ave.....

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.