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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23633

Registrar's No. 5975

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: Mo. Bap. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County San Bern.

(c) City or town Ontario N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1160 East A St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

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3. (a) PRINT FULL NAME Sarah L. Pearman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A. Pearman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 8, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Lawson Thompson
13. Birthplace Unknown (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant John E. Pearman
(b) Address 435 N. Kirkwood Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ontario, California

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-15, 1941, to 7-20, 1941; that I last saw her alive on 7-20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemmorhage — Duration

Due to Hypertension

Due to

Other conditions Senility
(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) (e) Means of injury

23. Signature E. L. McCall (M. D. or other) U
Address 8825 A Manchester Date signed 7-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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, fact should be so stated above.

8825—