

2  
4-41  
-39  
K26390

Registration District No. **2794**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Homer G. Phillips Hospital 2601 N. Whittier**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 mos.**  
**Unknown** (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis,** **19**  
(If outside city or town limits, write "RURAL") **21**

(d) Street No. **1814 Division**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes name country

**3. (a) PRINT FULL NAME** **Blanche Pear**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Pear** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **?**  
(Month) (Day) (Year) **1885**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **2,** 1941  
year hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **July 2, 1941**  
to **October 2, 1941**  
that I last saw her alive on **October 2,** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE: Years **52** Months Days If less than one day hr. min.

9. Birthplace **New York!**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

**Arthritis Deformans** **Indef.**

Due to

Due to

Other conditions **54**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **57**

Of autopsy

**MOTHER FATHER**

11. Industry or business

12. Name **George Howard**

13. Birthplace **N. Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Castle**

15. Birthplace **Canada**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Williams**

(b) Address **1814 Division St**

17. (a) **Burial** (b) Date thereof **Oct 9-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **washington park**

18. (a) Signature of funeral director **J.W. Higher**

(b) Address **2620 Lawton**

19. (a) **OCT 9 1941** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

**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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **J. F. Brudeck** (M. D. or other)

Address **2601 Whittier** Date signed **10-4-41**

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**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.....

*Lijda Hughes*  
.....  
Licensed Embalmer No. *2938*.....

P. O. Address..... *St Louis Mo*.....

**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.**