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State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9386

1. PLACE OF DEATH:

(a) County St. Louis  
(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 Hospital #1 D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4622 Enright Ave.  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearl Whitcomb

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 Widow

6. (b) Name of husband or wife Frederick Whitcomb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 25, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 3 15 hr. min.

9. Birthplace Perry County Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House maid

11. Industry or business \_\_\_\_\_

12. Name Adolph Nash

13. Birthplace Perry County Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lorenz

15. Birthplace Perry County Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Bierk

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 11/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Charles Nixon

(b) Address 4911 Washington Bldg

19. (a) NOV 26 1941 (b) J. F. Budak  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November day 25  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 25 to Nov 25, 1941;  
that I last saw her alive on Nov 25-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to arteriosclerosis

Duration 4 hr  
15 m

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) \_\_\_\_\_  
Means of injury D

23. Signature Martin J. Slaver (M. D. or other) \_\_\_\_\_  
Address 506 Olive St. Date signed 11-26-41

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

MOTHER FATHER

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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 *Thomas R. Fenwick*

Licensed Embalmer No. *3792*

P. O. Address *St Louis, Mo*

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

**If this body is not embalmed, fact should be so stated above.**