No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 7 8 4

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 0 0 9 2 42922

Primary Registration District No. 10

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: StLouis Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4284a W. Cotebrilliant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: WILLIAM M. PEARSON
3. (b) If veteran, name war: No
3. (c) Social Security No.: 7492-05-0834
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ethel Pearson
6. (c) Age of husband or wife if alive: UNKN years
7. Birth date of deceased: Dec. 13, 1906 (Month) (Day) (Year)

8. AGE: Years 35 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace: DeSoto (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: Ben Langan Moving Co.
FATHER
12. Name: George Pearson
13. Birthplace: ? (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Minnie Carter
15. Birthplace: DeSoto (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Minnie Stewart
(b) Address: DeSoto - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: DeSoto Mo.
18. (a) Signature of funeral director: Lee Mothershead
(b) Address: DeSoto Mo.
19. (a) JAN 3 1942 (Date received by local registrar) (b) C. H. McKaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 42 hour 8:45 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Dislocated vertebrae cervical spine 5 and 6. Spinal cord injury. ~~Due to~~ Cerebral concussion

Due to: Accident - By drawing into Windpole pole with auto. Damage Ferry Rd Walk of Lindbergh.

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

Major findings:
Of operations:
Of autopsy: No - Viewed

Duration

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): Accident
(b) Date of occurrence: 12-25-41
(c) Where did injury occur? Lemay (City or town) St. Louis Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? ? (e) Means of injury: ?
23. Signature: Louis H. Bapp (M.D. or other)
Address: 131 W. Lindbergh Dr. Kirkwood Date signed: 1-3-42

(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. J. Lee Motherhead

Licensed Embalmer No. 3531

P. O. Address. DeSoto Mo

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

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