

S. No. 2  
(-1-4-41  
. 5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 706  
Registrar's No. 469

Registration District No. 791  
Primary Registration District No. 1002

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: Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-7-41 to 1-15-42  
In this community 33 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri 000  
(a) State Missouri (b) County  
(c) City or town St. Louis 617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1388 Clara 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Celia Pearlman  
3. (b) If veteran. name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day fifteenth  
year 1942 hour seven minute five A.M.  
21. I hereby certify that I attended the deceased from December  
seventeenth 1941 to January 15, 1942  
that I last saw her alive on January 14, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Abe Pearlman  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Oct 25 1898  
(Month) (Day) (Year)

Immediate cause of death  
Hypertension Cardio-vascular disease  
Duration Unknown

8. AGE: Years 43 Months 2 Days 21  
If less than one day hr. min.

Due to 108  
Due to  
Other conditions Pneumonia (pneumococcus, 24) 10 days  
(Include pregnancy within 3 months of death)

9. Birthplace Russia U  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
Housework

Major findings: Of operations none  
Of autopsy none, Permit refused  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
11. Industry or business  
12. Name Isaac Sacks  
13. Birthplace Russia U  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Bookbinder  
15. Birthplace Russia U  
(City, town, or county) (State or foreign country)

16. (a) Informant Abe Pearlman  
(b) Address 1388 Clara  
17. (a) BURIAL (b) Date thereof 1-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Emeth

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(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?

18. (a) Signature of funeral director Olenbacher  
(b) Address 4469 Washington Blvd.  
19. (a) JAN 16 1942 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature E. O. Brown M.D.  
Address 1325 S. Grand. Date signed 1/15/42

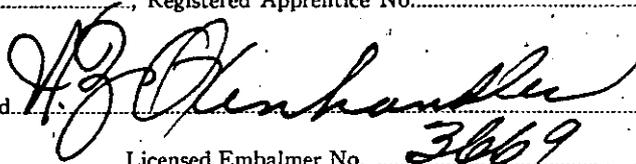
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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



Licensed Embalmer No. ....

3669

P. O. Address.....

**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.**