

FILED DEC 21 1942 **818**

1003

Registrar's No. **10309**

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

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: JEWSH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 HOURS  
(Specify whether years, months or days) 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1256<sup>2</sup> GOOD FELLOW  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BEN PEARL

3. (b) If veteran, name war NO 3. (c) Social Security, No. 494 10 0967

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA PEARL 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased APRIL 10 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29  
If less than one day hr. min.

9. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business COAL

12. Name HARRY LOUIS PEARL

13. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)

14. Maiden name PERLA

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

16. (a) Informant Leonard Pearl

(b) Address 15728 Westminster

17. (a) BURIAL (b) Date thereof 12-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation chesed Shel EMEH

18. (a) Signature of funeral director Openhandler

(b) Address 4469 Washington

19. (a) DEC 10 1942 (b) J. T. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/9/42 to 12/9/42

that I last saw him alive on 12/9/42 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & left hemiplegia  
Due to \_\_\_\_\_

Duration 1 day

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

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 K. J. Baker, M.D. (M. D. or other)  
Address 637 N. Grand Date signed 12/10/42

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

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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..... *W. J. O'Handley*  
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.**