

FILED APR 9 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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 St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs. 15 min
(Specify whether Life)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Chambers Park
(If outside city or town limits, write "RURAL") JNR.
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BABY GIRL PEARSON

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

4. Sex female 5. Color or race wh 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 14 43
(Month) (Day) (Year)

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

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

10. Usual occupation child

11. Industry or business

12. Name Rayton Pearson

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

14. Maiden name Lola Austin

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

16. (a) Informant W. Kimmel

(b) Address 500 S. Kings Highway

17. (a) Autosomal Burial (b) Date thereof 3-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Autosomal Burial

18. (a) Signature of funeral director J. F. Beudeck

(b) Address 3500 Duton

19. (a) MAR-20-1943 (b) J. F. Beudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 43 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-14
1943 to 3-15 1943
that I last saw her ER alive on 3-15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to Aspiration Anemic
Fluid

Due to _____

Other conditions 1/101
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Not yet Done

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 R. H. Hoover (M. D. or other) _____
Address St. Louis, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDE

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.....

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.