

ED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2941

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

1. PLACE OF DEATH:

(a) County.....

(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. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 20 Yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Pearlie Pearson

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Fem 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul Pearson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 8, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>6</u>	<u>18</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Batice Joshmer

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

14. Maiden name Maggie Hudson

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

16. (a) Informant Eva Dandridge

(b) Address 2818 Lawton Avenue

17. (a) Burial (b) Date thereof 3/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) MAP 22 1943 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3853 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 1943 hour 8 A minute..... M.

21. I hereby certify that I attended the deceased from July 1, 1941, to March 26, 1943
that I last saw him alive on March 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Cervix 9 mos.
Generalized Carcinomatosis

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

Major findings:
Of operations.....

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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)

23. Signature..... J. F. Brudeck (M. D. or other)
Address 828 W. Jefferson Date signed 3/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *R. M. Cheen*

Licensed Embalmer No. 1173

P. O. Address 3577 Sackel Ave

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.