U. S. No. 2
OPM—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8912

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2831

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 11 days (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DEATHS:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4237 Page (east) (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearl Jenette Wells
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2, 1898 (Month) (Day) (Year)
8. AGE: Years 44 Months 11 Days 4 If less than one day hr. min.
9. Birthplace Okla (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Charles J. Williams
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosie Lee Robinson
MOTHER 15. Birthplace La. (City, town, or county) (State or foreign country)
16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.
19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6, year 1943 hour 9 minute 18 A. M.
21. I hereby certify that I attended the deceased from January 23, 1943 to March 6, 1943 that I last saw her alive on March 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. J. Smith M.D. (M. D. or other)
Address 2601 N. Whittier Date signed 3-11-43

(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 M. W. Rhoades

Licensed Embalmer No. Wash. U. School of Medicine

P. O. Address 4580 Scott

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.