V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30273

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8154

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnard Free Skin & Cancer Hospital 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/3/43 to 9/12/43 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pulaski

(c) City or town Villa Ridge (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

999 NR 1 0

3. (a) PRINT FULL NAME Ray A Pearson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 23 (Day) 1885 (Year)

8. AGE: Years 57 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agricultural

FATHER
12. Name George Pearson
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Carrie Greiner
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Barnard Hospital Record

(b) Address 3427 Washington Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Cairo, Illinois

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4535 Washington Blvd.,

19. (a) SEP 13 1943 (Date received local registrar) (b) J F Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 43 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8/3/43, 19 to 9/12/43, 19; that I last saw him alive on 8/12/43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia, L.L.L.	2 days
Due to Post operative	5 days
Due to Intestinal obstruction	2 wks
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings: Of operations Intraperitoneal hernia c̄ duodenal obstruction

Of autopsy No same

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 Harold M Clarke (M. D. or other)

Address Barnard Skin & Cancer Hosp. Date signed 9/12/43

(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.....

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.