

FILED FEB 18 1944

318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

1224

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1215 Mississippi
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether
 In this community 2 months
years, months or days)

3. (a) PRINT FULL NAME PEARLEY V. LEE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Andy 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: May 4th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>1</u>	hr. _____ min.

9. Birthplace: Reynolds Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Coleman C. Minor
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name J. P. Meadows
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Lee
 (b) Address 1215 Mississippi

17. (a) Removal (b) Date thereof 2/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor Bunker, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) FEB 7 1944 (b) J. F. Bredeest
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1215 Mississippi Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
 year 1944 hour 1 minute 40 a. M.

21. I hereby certify that I attended the deceased from Jan. 20th
 1944, to Feb 5th 1944

that I last saw him alive on Feb 5th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Sp. of inf.

Due to arteriosclerosis about 2 years

Due to _____

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature Dr. John Buschman (M. D. or other)
 Address 1625 DeFayette St. Date signed _____

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 *L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.