

FILED APR 1 1944
 Registration District No. 31944
 Primary Registration District No. 2002

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res: 7394 Norwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7394 Norwood
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BLANCHE WARREN PEARSON
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rufus Gary Pearson
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased February 5th, 1873
 (Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 71. | 1. | 19. | hr. min. |

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Beriah Warren
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Blanche Eagleson
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant R. G. Pearson

(b) Address 7394 Norwood, U. City, Mo.

17. (a) Burial _____ (b) Date thereof 3/28/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address #7233 Delmar Blvd.

19. (a) MAR 27 1944 (Date received local registrar)
 (b) C. S. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th,
 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1941 to March 24, 1944
 that I last saw her alive on March 24, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration hours

Due to Arteriosclerosis Hypertension General
gones

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 8361
 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?

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

23. Signature Daniel L. ... (M. D. or other)
 Address 607 N. ... Date signed 3/28/44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

Dr Daniel L. Sexton.
University Club Bldg.
NE: 1750.
1st S.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.