

FILED JUN 12 1944
Registration District No. _____

Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County. ST. Charles

(b) City or town. ST. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. Joseph's Hospital
(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. Charles

(c) City or town. ST. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 W. 4th ST.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Jean Pearia

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Sixth
year 1944 hour 12 minute 47 P. M.

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. infant

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

7. Birth date of deceased. May 5 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9³⁰pm
May 5 1944 to 12:47p May 6 1944
that I last saw him alive on May 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Apnea _____

8. AGE:	Years	Months	Days	If less than one day
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>14</u> hr. <u>57</u> min.

Due to. 5-6 mo pregnancy

Due to. _____

9. Birthplace. ST. Charles Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation. infant

Major findings: _____
Of operations. _____

Of autopsy. _____

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11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Edward Pearia

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

14. Maiden name. Grace Marie Moore

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

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? _____

16. (a) Informant Raymond E. Pearia

(b) Address St. Charles, Mo.

17. (a) burial (b) Date thereof May 6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cemetery

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Vincent A. Schumacher (M. D. or other) MD

Address St. Charles, Mo. Date signed 5/9/44

18. (a) Signature of funeral director. H. C. Dellmeyer

(b) Address 301 N. Second St. Charles, Mo.

19. (a) 5-9/44 (b) Ernest E. Paul
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 6-9-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{*not*} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John B. Dellmeyer

Licensed Embalmer No. 2951

P. O. Address

44 Clark 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.