S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38583

Registration District No. 2607 Primary Registration District No. 6076 Registrar's No. 2761

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4847 Carter Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PEARSON, James T.

3. (b) If veteran, name war World I.

3. (c) Social Security No. 493 05 9029

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

(c) Age of husband or wife if alive -- years

7. Birth date of deceased June (Month) 19 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	5	15	hr. min.

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

10. Usual occupation Lathe Operator

11. Industry or business Farm Farmer

FATHER
12. Name Frank Pearson
13. Birthplace -- (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mattie Bennett
15. Birthplace -- (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) 12-8-45 (Date received local registrar) (b) E. B. McDonald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1945 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from December 1, 1945 to December 4, 1945 that I last saw him alive on December 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY. — Duration: Unknown

Contributory Cause. DIABETES MELLITUS; BLEEDING DUODENAL ULCER; PNEUMONIA. — Duration: Unknown

Other conditions -- (Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.
Of autopsy No 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) No.
(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 (Specify type of place) (e) Means of injury

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/4/45

(Licensed Embalmer's Statement on Reverse Side)

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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 John Ketter

Licensed Embalmer No. 3880

P. O. Address 2223 St. Louis

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.