

3. No. 2  
M-5-43  
5-17-39  
I X36671

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

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

(c) Name of hospital or institution:  
**ST. MARYS INFIRMARY**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 DAYS**  
(Specify whether)

In this community **34 YRS**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **LOW**

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

(d) Street No. **3938 1/2 FINNEY AV. 9**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **PEARL BELL**

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

4. Sex **F** 5. Color or race **C**

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

6. (b) Name of husband or wife **PERRY**

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

7. Birth date of deceased **10 9 1895**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CAIRO ILL**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **HARVEY McMURRAY**

{ 13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Bell**

(b) Address **3938 1/2 Finney Ave**

17. (a) **BURIAL** (b) Date thereof: **1-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Bernie Love**

(b) Address **3103 Washington Blvd**

19. (a) **JAN 29 1946** (Date received local registrar) **J. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **27** Sunday  
year **1946** hour **3:05** minute **03 AM**

21. I hereby certify that I attended the deceased from **June 14** to **January 26**, 1946  
and that I last saw her alive on **January 26**, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertension**  
**Chronic Myocarditis**  
**Chronic Nephritis**

Due to **Chronic Rheumatism**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1 1/2**

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? \_\_\_\_\_

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

23. Signature **J. F. Bredek** (M. D. or other) \_\_\_\_\_  
Address **2742 Franklin** Date signed **1/29/46**

Duration \_\_\_\_\_

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

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

3289

---

**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..... *M. Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Aldine*.....

**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.**