

**FILED APR 5 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 mos 22 das  
(Specify whether years, months or days)  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME Pearl Myles  
(b) If veteran, name war.....  
(c) Social Security No. ....

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife John Myles  
(c) Age of husband or wife if alive 50 years  
7. Birth date of deceased April 1907  
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 21  
If less than one day hr. min.

9. Birthplace Ark  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

MOTHER FATHER  
11. Industry or business.....  
12. Name John Lewis  
13. Birthplace Ala.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jena Robinson  
15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant John Myles  
(b) Address 4024 Aldine  
17. (a) Burial (b) Date thereof Mar 29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Helena Ark

18. (a) Signature of funeral director J. F. Braden  
(b) Address 2915 Franklin Ave.  
19. (a) MAR 27 1946 (b) J. F. Braden  
(Date certified local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4024 Aldine  
(If rural, give location)  
(e) Citizen of foreign country? No  
(Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 25  
year 1946 hour 5 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Jan. 3, 1946 to Mar. 25, 1946.  
that I last saw her alive on Mar. 25, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined Fever  
Coronary Heart Disease  
Due to.....  
Due to.....  
Other conditions Myoma of Uterus  
(Include pregnancy within 3 months of death)  
No Pregnancy  
Major findings:  
Of operations.....  
Of autopsy No  
PHYSICIAN  
Duration Unk  
Unk  
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).....  
(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.....  
Signature J. E. Courtney (M. D. or other)  
Address 2601 N Whittier  
Date signed 3/27/46

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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 Green*

Licensed Embalmer No 2963

P. O. Address 2915 Franklin

**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.**