

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25603

State File No. _____

FILED AUG 5 1943

1003

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **6867**

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 days**
(Specify whether _____)

In this community **9 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____

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

(d) Street No. **2343 Eugenia**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dan Pearson**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1946** hour **5** minute **25** A. M.

21. I hereby certify that I attended the deceased from **July 8,** 19 **46** to **July 24,** 19 **46**
that I last saw h. **im** alive on **July 24,** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 2-
5. Color of race **Col**

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

6. (b) Name of husband or wife **Maggie Pearson**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Feb 27 1907**
(Month) (Day) (Year)

Immediate cause of death **Carcinomatosis-Primary Site Undetermined**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration **Unk**

8. AGE: Years Months Days If less than one day

45 **4** **23** hr min.

9. Birthplace **Memphis Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 _____

MOTHER, FATHER

11. Industry or business _____

12. Name **Jim Pearson**

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

14. Maiden name **Eura Curtis**

15. Birthplace **Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Pearson**

(b) Address **2643 Eugenia**

17. (a) **Burial** (b) Date thereof **July 29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. A. Green**

(b) Address **2915 Franklin Ave**

19. (a) **III 20 3005** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

23. Signature **J. F. Bredbeck** (M. D. or other) _____

Address **2601 N White St**

(Licensed Embalmer's Statement on Reverse Side)

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

24453

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

7-25-46

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

J. A. Green

..... Licensed Embalmer No. *0963*

..... 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.