

FILED FEB 9 1948

318

1003

State File No.

937

Registration District No.

Primary Registration District No.

Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 35 yrs
years, months or days)

3. (a) PRINT FULL NAME Louis Pearlina

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

| 8. AGE | Years | Months | Days | If less than one day |
|---------------|----------|----------|----------|----------------------------|
| <u>Abt-68</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> hr. <u>-</u> min. |

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Decorators

11. Industry or business _____

12. Name Mandiche Pearlina

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

14. Maiden name Typha

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

16. (a) Informant Preda Pearlina

(b) Address 5772 McPherson

17. (a) Burial (b) Date thereof Jan 30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ St. Emth.

18. (a) Signature of funeral director Dylanville T. F.

(b) Address 56-10 Emth

19. (a) JAN 30 1948 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5772 McPherson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1948 hour _____ minute 4-25 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia
Deceased died by suffered
when he fell to the floor
at his home 5772 McPherson
St. Louis 22-1948 at about
6:00 P.M.

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

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 22, 1948
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, or in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury As above

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 1/30/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *W. J. Odenbender*

Licensed Embalmer No. *3669*

P. O. Address *5010 Enright*

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.