

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Jefferson Barracks, Mo.  
(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 19 Days  
(Specify whether years, months or days)  
 In this community 19 Days

3: (a) PRINT FULL NAME PEARSON, George P.  
 3. (b) If veteran, name war WW-1  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ruth  
 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased February 15 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 26 hr. \_\_\_\_\_ min.

9. Birthplace Chicago, Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Interior Decorator

11. Industry or business \_\_\_\_\_  
 12. Name Edward Pearson  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Gindersen  
 15. Birthplace Norway  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital  
 (b) Address Jefferson Barracks, Missouri  
 17. (a) Burial (b) Date thereof July 14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Nat'l Cem. Jeff. Bks. Mo.  
 18. (a) Signature of funeral director C. Hoffmeister U&L Co.  
 (b) Address 7814 S. Edwy. St. Louis, Mo.  
 19. (a) 7-14-48 (b) Beulah [Signature]  
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3940 Warwick Blvd.,  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
 year 1948 hour 11:50 minute P. M.  
 21. I hereby certify that I attended the deceased from June 22, 1948, to July 11, 1948,  
 that I last saw him alive on July 11, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death MONOCYTIC LEUKEMIA OF THE NAEGELI TYPE  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy No Autopsy performed  
 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) None  
 (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 L.E. Stilwell (M. D. or ~~Phys.~~)  
 Address VAH, Jeff. Brks. Mo. Date signed 7/12/48

**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 *Lucius C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Kansas*

**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.**