

S. No. 30  
M-10-47  
rv. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34440

State File No.

Registrar's No.

9124

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Pearl McNary  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 495 16 1041

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 12 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 6 hr. min.

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

10. Usual occupation Unemployed

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

12. Name Unknown  
13. Birthplace " (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Rachel Fountain  
(b) Address 3438 Lawton Ave.,

17. (a) Burial (b) Date thereof Oct. 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Price & Walker  
(b) Address 2829 Washington Blvd.

19. (a) OCT 21 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town St. Louis  
(d) Street No. 3438 Lawton  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1948 hour 5 minute 40 P M.

21. I hereby certify that I attended the deceased from Oct. 10 to Oct. 18  
that I last saw her alive on Oct. 18  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration Undet.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature Oscar L. Daniels  
Address 2601 N Whittier Date signed 10/19/48

---

---

**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

*James Byatt*  
.....  
Licensed Embalmer No. *4441*  
P. O. Address. *2829 Washington*

**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.**