

No. 300
1-10-47
5-17-39
I 3906

41738

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11240
Registrar's No.

FILED JAN 11 1949 318

1003

Registration District No. 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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dead on Arrival City Hospital No 1. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County own

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 817 Rutger Street 3
22 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE BOLLINGER PEARCE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 26, 1948
year _____ hour 12:55 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles Pearce

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

7. Birth date of deceased December 25, 1875
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema; Coronary Sclerosis; Cardiac Hypertrophy Duration _____

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

Other conditions 95-C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife Retired

11. Industry or business _____

12. Name Benjamin Bollinger

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Charles Pearce

(b) Address 2268 & S. Jefferson Avenue

17. (a) Burial (b) Date thereof Dec 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) DEC 28 1948 J. B. Susater
(Date received local registrar) (Registrar's signature)

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) Means of injury 3

23. Signature [Signature] (M.D. or other) _____
Address [Signature] Date signed 12/24/48

St. Louis
St. Louis
St. Louis

St. Louis
Death of ...

KATH ...

Female
White
Widowed

Charles Pearce

St. Louis

1 0 3

St. Louis

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

Frank J. ...

Licensed Embalmer No.

2675

Address

St. Louis

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.