

FILED MAR 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2597 Registrar's No. 80

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY Calloway b. CITY OR TOWN Fulton c. LENGTH OF STAY 10 yrs 8 Mo 16 ds d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1

2. USUAL RESIDENCE a. STATE Mo b. COUNTY St Louis c. CITY OR TOWN St Louis d. STREET ADDRESS 7421 Ethel Ave - 1

3. NAME OF DECEASED a. (First) Ida b. (Middle) c. (Last) Pearce 4. DATE OF DEATH March 10 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Aug 6 1877 9. AGE 77

10a. USUAL OCCUPATION homemaker 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Ills 12. CITIZEN OF WHAT COUNTRY American

13a. FATHER'S NAME Don't know 13b. MOTHER'S MAIDEN NAME DK 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Records State Hosp No 1

18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1949, to March 10 1949, that I last saw the deceased alive on March 9 1949, and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. R. Price (Degree or title) M.D. 23b. ADDRESS State Hospital No 1 Fulton 23c. DATE SIGNED 3-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Mar 10 1949 24c. NAME OF CEMETERY OR CREMATORY City Cem 24d. LOCATION (City, town, or county) (State) Moscow, Ill

DATE REC'D BY LOCAL REG. Mar 10 1949 REGISTRAR'S SIGNATURE Josie Morant 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3633 Clayton

(Licensed Embalmer's Statement on Reverse Side)

14 2 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-16-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. W. Spillers

Licensed Embalmer No. 4080

P. O. Address 6633 Clayton Rd
Clayton

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.