

RECEIVED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25418  
6648  
Registrar's No.

318 H... 1009 TAL

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 - 1531 A Franklynn</u>	
3. NAME OF DECEASED a. (First) <u>Pearl</u>		c. (Last) <u>Wilson</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26 - 1896</u>
9. AGE (In years last birthday) <u>52</u>		10. CITIZEN OF WHAT COUNTRY? <u>Geo. 1</u>	
11. BIRTHPLACE (State or foreign country) <u>FT. James</u>		12. CITIZEN OF WHAT COUNTRY? <u>Geo. 1</u>	
13a. FATHER'S NAME <u>Davis Dukes</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Richard Wilson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Mae Washington</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatoma</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>512</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>211X</u>		22. I hereby certify that I attended the deceased from <u>6-20</u> , 19 <u>49</u> , to <u>7-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>49</u> , and that death occurred at <u>12:40pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>James J. Hedrick</u>		23b. ADDRESS <u>2601 N Whittier</u>	
23c. DATE SIGNED <u>7-28-49</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Washburne Park</u>	
24b. DATE <u>8-31-49</u>		24c. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>	
24d. BURIAL REMOVAL (Specify) <u>Burial</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Sasata</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>2625 Glasgow</u>		DATE REC'D BY LOCAL REG. <u>AUG 1 1949</u>	

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

**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 A.D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.