

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38568

State File No. 10139

#105571

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10139

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10139	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 25 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 20 1521 N. Leftingwell Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) PEARL			b. (Middle)			c. (Last) BIRTH	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 23rd, 1949		5. SEX Female ♀		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH Nov. 5, 1909		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greenwood, Miss. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dave Gordon		13b. MOTHER'S MAIDEN NAME Rebecca Green		14. NAME OF HUSBAND OR WIFE Julius Byrth Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-10-4186		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julius Byrth 1521 N. Leftingwell			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ruptured aneurysm of basilar artery DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
		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 checked="" type="checkbox"/> NO <input 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) 940			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11/23/49			
22. I hereby certify that I attended the deceased from 11/18/49, to 11/23/49, 19__, that I last saw the deceased alive on 11/23/49, 19__, and that death occurred at 9:00 PM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Korkler, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 25 1949		REGISTRAR'S SIGNATURE J B Farate		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright's Funeral Home. 3100 Easton Ave.			

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 Arthur R. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.