

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3423

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Manchester</u>		c. LENGTH OF STAY (in this place) <u>2 yrs 13 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u>		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) _____	c. (Last) <u>Kelley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 17 - 50</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>January 27 1879</u>	9. AGE (In years last birthday) <u>70</u>	10. CITIZENSHIP (If under 14 years, Months, Days, Hours, Min.) <u>11 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Githens</u>		13b. MOTHER'S MAIDEN NAME <u>Adelaide Syfer</u>	14. NAME OF HUSBAND OR WIFE <u>John</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John H. Gibbons</u>		ADDRESS <u>Sons 2630 Gravois Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe arteriosclerosis</u>			4221		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of uterus</u>					
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) _____		422.1
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? _____		
22. I hereby certify that I attended the deceased from <u>Jan 4</u> , 19 <u>50</u> to <u>Jan 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 16</u> 19 <u>50</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ed Bennett</u> (Degree or title) _____			23b. ADDRESS <u>Crave Coeur, Mo.</u>		23c. DATE SIGNED <u>1-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doube</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gibbons</u> ADDRESS <u>Sons 2630 Gravois Ave.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4444

P. O. Address 2636 Gravois Ave.

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.