

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10943**

**2338**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO.		Registrar's No. <b>2338</b>		
1. PLACE OF DEATH a. COUNTY -----  b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>19 yrs</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3517 Lawton Avenue</b>				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>  b. COUNTY -----  c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>3517 Lawton Avenue</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Henry</b>		b. (Middle) -----		c. (Last) <b>Pearson</b>		
4. DATE OF DEATH		(Month) <b>March</b>		(Day) <b>7</b>		(Year) <b>1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 21, 1863</b>		
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 4 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) <b>Crockett County, Tennessee</b>		
12. CITIZEN OF WHAT COUNTRY? -----			13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Pearson</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Susan Pearson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Bulu Brown, 3517 Lawton Avenue</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>		
		ANTECEDENT CAUSES <i>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</i>						
		DUE TO (b) -----						
		DUE TO (c) -----						
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input 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) <b>572X</b>				
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 <b>28 Feb, 1950</b> , to <b>7 March, 1950</b> , that I last saw the deceased alive on <b>Jan 19, 1950</b> , and that death occurred at ----- m., from the causes and on the date stated above.								
23a. SIGNATURE <b>J. B. Parson</b>				(Degree or title) -----		23b. ADDRESS <b>4230 Page Blvd</b>		
23c. DATE SIGNED <b>10 mar 20</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>3-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		DATE REC'D BY LOCAL REG. <b>MAR 10 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Parson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green</b>		
						ADDRESS <b>3517 Laclede Avenue</b>		

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

4730 - Supp.  
Dr. Green

**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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.