

FILED DEC 27 1950

# STANDARD CERTIFICATE OF DEATH

 State File No. **42575**  
 Registrar's No. **16496**

|   |  |                           |   |  |  |  |   |   |   |  |                                 |  |
|---|--|---------------------------|---|--|--|--|---|---|---|--|---------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b> |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | State File No. <b>42575</b>  |   | Registrar's No. <b>16496</b>            |   |  |                                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>0</b>   |  |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>2109</b> |  |  |   |   |   |  |                                 |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  |                           | c. LENGTH OF STAY (In this place) <b>4 months</b>   |  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                |   |   | 0   |  |                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>  |  |                           |   | d. STREET ADDRESS (If rural, give location) <b>3032 Clarence</b>   |  |  |   |   |   |  |                                 |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Pearlie</b>   |  |                           | a. (First)  |  |  | b. (Middle) <b>Mance</b>   |   |   | c. (Last)   |  |                                 |  |
| 4. DATE OF DEATH <b>Dec 5 1950</b>  |  |                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |  |  | 8. DATE OF BIRTH <b>Nov. 26, 1893</b>  |   |   | 9. AGE (In years last birthday) <b>57</b>   |  |                                 |  |
| 5. SEX <b>Female 3</b>  |  |                           | 6. COLOR OR RACE <b>Negro</b>   |  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> |   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>                                    |  |                                 |  |
| 11. BIRTHPLACE (State or foreign country) <b>Louisiana /</b>  |  |                           | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |  |  |   |   |   |  |                                 |  |
| 13a. FATHER'S NAME <b>Nels Hayes</b>  |  |                           | 13b. MOTHER'S MAIDEN NAME <b>Rebecca ?</b>  |  |  | 14. NAME OF HUSBAND OR WIFE <b>Acey Mance</b>  |   |   |   |  |                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  |                           | 16. SOCIAL SECURITY NO. <b>none</b>   |  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Etzel Hibbler</b> - ADDRESS <b>1942 Bosinenu</b>                        |   |   |   |  |                                 |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |                                 |  |
|   |  |                           | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix with Extension to Urethra and Bladder</b> |  |  | DUE TO (b) <b>Undetermined</b>   |   |   | Undet.  |  |                                 |  |
|   |  |                           | ANTECEDENT CAUSES   |  |  | DUE TO (c) <b>Undetermined</b>   |   |   |   |  |                                 |  |
|   |  |                           | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                     |  |  |  |   |   |   |  |                                 |  |
|   |  |                           | II. OTHER SIGNIFICANT CONDITIONS  |  |  | Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>  |   |   |   |  |                                 |  |
| 19a. DATE OF OPERATION  |  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |   |   | 20. AUTOPSY?<br>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)  |   |   |   |  |                                 |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)  |  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                  |  |  | 21f. HOW DID INJURY OCCUR? <b>17IX</b>   |   |   |   |  |                                 |  |
| 22. I hereby certify that I attended the deceased from <b>10-30</b> , 19 <b>50</b> , to <b>12-5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-5</b> , 19 <b>50</b> , and that death occurred at <b>6 a</b> m., from the causes and on the date stated above. |  |                           |   |  |  |  |   |   |   |  |                                 |  |
| 23a. SIGNATURE <b>Wm. L. Swiley</b>   |  |                           |   | (Degree or title) <b>M. D. 0</b>   |  |  |   | 23b. ADDRESS <b>2601 N Whittier St.</b> |   |  | 23c. DATE SIGNED <b>12-6-50</b> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  |                           | 24b. DATE <b>12-9-50</b>  |  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>  |   |   | 24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Illinois</b>         |  |                                 |  |
| DATE REC'D BY LOCAL REG. <b>DEC 9 1950</b>  |  |                           | REGISTRAR'S SIGNATURE <b>J. B. ...</b>  |  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>C. W. Nash</b> ADDRESS <b>3847 Page</b> |   |   |  |                                 |  |

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

0231 2

Vertical stamp or text, possibly "J. J. ..."

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *P. J. Nash*

Signed.....  
Student Embalmer

Licensed Embalmer No *2432*

P. O. Address *3847 Page*

(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.