

DECEASED TO 1950
PEARLS.

STANDARD CERTIFICATE OF DEATH

State File No. **42823**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10020**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 7727 Minnesota Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Helen c. (Last) Searls		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1950	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 8, 1874
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Clarke		13b. MOTHER'S MAIDEN NAME Rebecca Ruby	
14. NAME OF HUSBAND OR WIFE Richard Searls		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thelma Gregory, 715 Florence Ave. W.G.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subdural Hematoma suffered when deceased lost his footing and fell from the sidewalk into the street in front of 301 Chestnut Ave on May 7 1950 at about 3:15 pm		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)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1950 at about 3:15 pm			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) no Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 63105	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Nov 7 50 9:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:25 am**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, M.D. Coroner		(Degree or title)		23b. ADDRESS -1300 Clark	
23c. DATE SIGNED 11.27.50.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 28, 1950	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. NOV 21 1950	
REGISTRAR'S SIGNATURE J.B. Lester		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 8840 Lindell Blvd.	

WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision

Student Embalmer No.

Signed

Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.