

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21498  
5393

State File No. ....

Registrar's No. ....

FILED JUN 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY, (If outside corporate limits, write RURAL and give township) St Louis Mo  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE \_\_\_\_\_ b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo 2019  
d. STREET ADDRESS (If rural, give location) 8303 Polk Street

3. NAME OF DECEASED  
a. (First) Pearlie b. (Middle) \_\_\_\_\_ c. (Last) Ward  
4. DATE OF DEATH (Month) (Day) (Year) June 10 1951

5. SEX Female 6. COLOR OR RACE Cold 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH March 10-1893 9. AGE (In years last birthday) 58 10. MONTHS 3 11. YEARS 0 12. HOURS 0 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Medinah Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Not known 13b. MOTHER'S MAIDEN NAME Silvia Utley 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 Mellie Smith ADDRESS 8303 Polk St

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) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Undetermined  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. None  
INTERVAL BETWEEN ONSET AND DEATH Undet.

13a. DATE OF OPERATION \_\_\_\_\_ 13b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 231X

22. I hereby certify that I attended the deceased from 4-30, 19 51 to 6-10, 19 51, that I last saw the deceased alive on 6-10, 19 51, and that death occurred at 9:50p. m., from the causes and on the date stated above.

23a. SIGNATURE Lorens W Harris (Degree or title) M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 6-12-51

24a. BURIAL CREMATION REMOVAL burial 24b. DATE 6-14-51 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem. 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 13 1951 J. B. Rasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. L. Beal and Co 4303 Delmar

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Hilliard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *47409 Campbell*

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.