

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10403**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2148**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2148</b>		
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> ) c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				2. USUAL RESIDENCE (Where 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>4510 Evans</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b>		b. (Middle) _____		c. (Last) <b>Pace</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 3 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4-13-1910</b>		
9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months <b>10</b>		IF UNDER 6 HRS. Days <b>20</b>		IF UNDER 15 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Lake Providence, Louisiana</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Edgar Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Pace</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Frank Pace</b> ADDRESS <b>4510 Evans</b>				
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) <b>Lobar Pneumonia, left</b> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma of Cervix with extension to Bladder and Rectum and Metastasis to Peritoneum and Lymphnodes</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>	
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) _____				
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>490XH</b>				
22. I hereby certify that I attended the deceased from <b>1-22</b> , 19 <b>52</b> , to <b>3-3</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-3</b> , 19 <b>52</b> , and that death occurred at <b>5:30-P m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Charles M. Turner</b>				23b. ADDRESS <b>201 N Whittier St</b>		23c. DATE SIGNED <b>3-4-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>		
DATE REC'D BY LOCAL <b>MAR 6 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, Inc.</b> ADDRESS <b>2820 Stoddard St.</b>				

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

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(Licensed Embalmer's Statement on Reverse Side)

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 E. Culkin*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4981*

P. O. Address.....

*137*

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.