

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23319**

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1751**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clayton**

c. CITY OR TOWN **University City** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Hospital**

e. STREET ADDRESS (If rural, give location) **7326 Lindell**

3. NAME OF DECEASED (Type or Print) a. (First) **Isadore** b. (Middle) **Pearlstone** c. (Last) **Pearlstone**

4. DATE OF DEATH (Month) (Day) (Year) **June 22, 1953**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Unknown**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min. **Ab. 79**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Manager**

10b. KIND OF BUSINESS OR INDUSTRY **Printing Concern**

11. BIRTHPLACE (City and State or Foreign Country) **Russia**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles Pearlstone**

13b. MOTHER'S MAIDEN NAME **Sophie (unknown)**

14. NAME OF HUSBAND OR WIFE **Rebecca Pearlstone**

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 **David Pearlstone**

ADDRESS **Chesterfield, Mo.**

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) **First and second degree burns - suffered when attempting to light a water heater using butane gas, in the basement of a building on his premises, on House Springs Road.**  
ANTECEDENT CAUSES **Jefferson County.**  
*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 **Jefferson County.**  
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **9160**  
**16**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Summer home**

21c. (CITY, TOWN, OR TOWNSHIP) **Eureka** (COUNTY) **Jeff. Co.** (STATE) **Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6/22/53 7 A. m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Burned when water heater exploded.**

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Arnold J. Williamson** (Degree or title) **Coroner**

23b. ADDRESS **Clayton, Mo.**

23c. DATE SIGNED **6/26/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6/24/1953**

24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth**

24d. LOCATION (City, town, or county) (State) **University City, Mo.**

DATE REC'D BY LOCAL REG. **6-24-53** REGISTRAR'S SIGNATURE **Heckert R. Damb**

25. FUNERAL DIRECTOR'S SIGNATURE **Berger Memorial** ADDRESS **4715 McPherson Ave.**

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

4202

3

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.....  
Signature of Student Embalmer

Signed *Jervis J. Judging*.....

Licensed Embalmer No. *4559*

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.