

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 27 9 8

FILED JUN 26 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5677**

Sec'y, County, Missouri, 00 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes.

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hosp 1 Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 21 2027a Franklin Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Charles W Pearson First Middle Last | | 4. DATE OF DEATH JUNE 14 1957 Month Day Year | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 30 SEPT 1941 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 9b. KIND OF BUSINESS OR INDUSTRY Hotel Statler | 9. AGE (In years last birthday) 15 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Hotel Statler | 11. BIRTHPLACE (City and state or country) Humphreys Arkansas |
| 13. FATHER'S NAME Esley Pearson | | 14. MOTHER'S MAIDEN NAME Mildred Adams | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. — | |
| 17. INFORMANT Mildred Pearson 2027a Franklin Address | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of skull and brain. DUE TO (b) E919.0 DUE TO (c) 19. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). supper when shot in hands of one, about 1806 Gale Street, about 130 pm, June 14th 1957 | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (Car) was accidentally discharged in room of home at 1806 Gale Street, about 130 pm, June 14th 1957 | | |
| 20c. TIME OF INJURY 130 p.m. 6 14 57 Hour Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21 Home | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo 00 |
| 21. I attended the deceased from 305 to 1300 Clark and last saw her alive on 6/12/57 Death occurred at 305 m on the 14th day stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Joseph M. [Signature] | | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 6/12/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 26 June 1957 | 23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 Union | | 25. DATE RECD. BY LOCAL REG. JUN 18 57 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, mmd |

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.....

Paul J. ...

Licensed Embalmer No. 46

P. O. Address 4729 N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.