

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

38040

STATE FILE NUMBER

9221

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>1604 Illinois ave</i>	
c. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION <i>2001 Cherokee</i>		d. STREET ADDRESS (If on side, give location) <i>Last St. Louis</i>	
3. NAME OF DECEASED (Type or print) First <i>Pearl</i> Middle <i>—</i> Last <i>Rice</i>		4. DATE OF DEATH Month <i>Sept.</i> Day <i>30</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 9, 1891</i>
9. AGE (In years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	11. BIRTHPLACE (City and state or country) <i>Fort Madison Ia.</i>
100. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>ISAAC Penrod</i>		14. MOTHER'S MAIDEN NAME <i>Ann Cook</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>48-732-1999</i> Address <i>2001 Cherokee St. Louis Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive cardiovascular disease</i> DUE TO (b) <i>Cerebral hemorrhage</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i> <i>2 day</i>
20a. ACCIDENT <input 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.) <i>443x</i>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>9-24-57</i> to <i>9-30-57</i> and last saw her <i>alive</i> on <i>9-26-57</i> Death occurred at <i>6:15 P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>O. Jones</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>3616 S. Bolwy. St. Louis</i>	
22c. DATE SIGNED <i>10-1-57</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct 2, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>LOUISIANA, Mo.</i>
24. FUNERAL DIRECTOR <i>George O. Nague, Louisiana Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>OCT 3 '57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo.</i>			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George O. Hagner*.....
Licensed Embalmer No. *27*.....

P. O. Address *Leicester*.....

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.