

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031170  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2092

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Inside Limits Yes  No

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Louis County Hospital Length of stay in lb 22 1/2

d. STREET ADDRESS (If outside, give location) 3939a Oregon Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Pearl Marie Bliss

4. DATE OF DEATH Month Day Year  
Aug. 9, 1958

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH Sept. 14, 1891

9. AGE (In years last birthday) 66

IF UNDER 1 YEAR Months Days Hours Min.  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Opr. Elder Mfg. Co.

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and state or country) Red Bud, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jacob Andrew Nixon

13b. MOTHER'S MAIDEN NAME Lucinda, Burke

14. NAME OF HUSBAND OR WIFE Jasper C. Bliss

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. UNK.

17. INFORMANT Address Mr. Clinton A. Bliss, 9842 Eastdell Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cornary Occlusion  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis  
DUE TO (c) 4/201

INTERVAL BETWEEN ONSET AND DEATH 6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE WORK  AT WORK

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 7/29/58 to 8/9/58 and last saw her alive on 8/9/58. Death occurred at 8 pm. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. Carroll M.D.

22b. ADDRESS 607 N Grand

22c. DATE SIGNED 8/11

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug. 13, 1958

23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery

23d. LOCATION (City, town, or county) (State) Waterlow, Ill.

24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. 8-11-58

26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

used 7-6

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3846 Linden

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.