FILED VS JUN 22 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-025378
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. ~~1000~~ Registrar's No. 1826

1. PLACE OF DEATH a. COUNTY ST. LOUIS Lemay, Missouri	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) OR TOWN LEMAY — Inside Limits Yes ✓ No ☐	c. CITY OR TOWN ST. LOUIS 2179 — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PARK RIDGE 86 — Length of stay 7 days — Rest Home	d. STREET ADDRESS 1919 So. GRAND (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Middle Last: Pearl L. Covert		4. DATE OF DEATH Month Day Year: 6-11-60	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 8-7-1875
9. AGE (In years last birthday): 84	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): Stenographer	10b. KIND OF BUSINESS OR INDUSTRY: Swift & Co.	11. BIRTHPLACE (City and state or country): Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George Covert		14. MOTHER'S MAIDEN NAME: Mary Carr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT Address: Grady C. Covert 437S. Laclede Rd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	2days 2hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio Sclerosis & Senility	20 yrs.
DUE TO (c)	Hypertension 331x	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Had first cerebral hemorrhage one year ago

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 a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 6-5-60, to 6-11-60 and last saw her/him alive on 6-9-60

Death occurred at 12:07 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Max Starkloff M.D.	22b. ADDRESS: 512 Dover Place	22c. DATE SIGNED: 6/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6-14-60	23c. NAME OF CEMETERY OR CREMATORY: Valahalla Cemetary	23d. LOCATION (City, town, or county) (State): St. Louis County
24. FUNERAL DIRECTOR ADDRESS: X Weick Bros. 2201 S. Grand		25. DATE RECD. BY LOCAL REG.: 6-13-60	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 16 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixo

Licensed Embalmer No.

P. O. Address St-

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