

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39389
Do not use this space.
10376

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **627I Goener Ave** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles A. Pearson**

(a) Residence, No. **627I Goener Ave.** St. **2**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Myrtle Pearson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 23rd, 1875**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 I5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Carpenter**
10. Date deceased last worked at this occupation (month and year) **May, 1937**
11. Total time (years) spent in this occupation **I5**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indianapolis, Ind.**

FATHER
13. NAME **George Pearson**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
MOTHER
15. MAIDEN NAME **Ida Branhan**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**

17. INFORMANT **Myrtle Pearson,**
(ADDRESS) **627I Goener Ave.**
18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indianapolis, Ind.** DATE **Nov. 11th, 1937**

19. FUNERAL DIRECTOR **Kraeger-Voss-Fix, Inc.**
(ADDRESS) **3402 N. Kingshighway**

20. F **NOV 8 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOVEMBER 7, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **O.C.T. 4, 1937, to NOV. 7, 1937**
I last saw h. s. a. alive on **Nov. 7, 1937** Death is said to have occurred on the date stated above, at **12:15 P.M.**
The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS
2 CONGESTIVE HEART FAILURE
Date of onset
Other contributory causes of importance:

Name of operation **NONE** Date of _____
What test confirmed diagnosis? **SYMPTOMS** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify _____
(Signed) **Jabianj Burke**, M. D.
(Address) **6402 Morganford**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 2 1953

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 2971

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.)