S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4210

State File No.

FEB 14 1941

Registration District No. 7814 Primary Registration District No. 101 Registrar's No. 10

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96 2 3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 435 Oakley Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 435 Oakley Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EUPHRATES SMITH PEARSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Benjamine S. Pearson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 23 (Day) 1872 (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name Wilson H. Smith
13. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sara Belle Major
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Benjamine S. Pearson
(b) Address 435 Oakley Dr., Clayton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar, St. Louis, Mo.

19. (a) JAN 3 - 1941 (Date received local registrar) (b) W. K. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1941 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Seen only after death to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subarachnoid Hemorrhage - Spontaneous From ruptured miliary Aneurysm	
Due to: Congenital defect in vessel wall	None
Due to:	
Other conditions (Include pregnancy within 3 months of death) Small patches of Bronchopneumonia - recent resp. infection	

Major findings:
Of operations
Of autopsy Findings above listed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Delevan Adkins (M. D. or other) D
Address 2301 N. Kingshighway Date signed Jan 2 1941

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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 this body is not embalmed, above space should be left blank.