

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

40327

State File No.

10071

Registrar's No.

Registration District No. 7917

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 2 Days
(Specify whether
In this community. 64 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Grace Pearson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Pearson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 12, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 6 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name James Fenton

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name: Agnes McMillan

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Robert F. Pearson

(b) Address 3425a Winnebago

17. (a) Burial (b) Date thereof Dec. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 20 1941 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3425a Winnebago
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1941 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from 9-28-41
1941 to 12-18-41, 1941.
that I last saw her alive on 12-18-41, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast (Left) Duration 1 1/2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: C.A. Breast
Of operations operated by Dr. Rindlerman
Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury UNKD

23. Signature J. F. Brueck (M. D. or other) _____
Address 106 39 Wa. Date signed 12-19-41

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

00
17
9

12:30-2:00
Rev. B. W. Eads
6639 Virginia

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.....
Licensed Embalmer No. 3737
P. O. Address 1936 St. Louis

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, fact should be so stated above.