S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3632

Primary Registration District No. 106

Registrar's No. 101

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1008 N. Woodlawn Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 N. Woodlawn Ave 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna M. Pearce

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 Widowed /

6. (b) Name of husband or wife Rev. John Pearce

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

7. Birth date of deceased January (Month) 8 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	0	5	..... hr. ..... min.

9. Birthplace ..... / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Basil Kennedy
13. Birthplace ..... / Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Wright
15. Birthplace ..... / Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Lewis A. Painter
(b) Address 1008 N. Woodlawn Ave Kirkwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Louis H Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) JAN 13 1942 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) AR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1942 hour 3:20 AM minute ..... M.

21. I hereby certify that I attended the deceased from January, 1940 to January 13, 1942
that I last saw her alive on January 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration 5 years

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Senility

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 C E Barnett (M. D. or other)
Address 243 W Jefferson Kirkwood Mo Date signed 1-13-42

101

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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, fact should be so stated above.