. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5065

FILED MAR 17 1942

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1174

1. PLACE OF DEATH:

(a) ~~County~~ St Louis

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

(c) Name of hospital or institution 3018 Thomas St (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 in all abt 2 years 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) ~~County~~ 21 000

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

(d) Street No. 3018 Thomas (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Pearlie Tucker

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

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 8 (Month) 10 (Day) 1902 (Year)

8. AGE: Years 39 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Makianna Ark (City, town, or county) — (State or foreign country)

10. Usual occupation House work

11. Industry or business At home

FATHER
12. Name Winfield Williams
13. Birthplace Jenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Robinson
15. Birthplace Ripley Jenn (City, town, or county) (State or foreign country)

16. (a) Informant Columbus D Robinson
(b) Address 3018 A Thomas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Clark Mann
(b) Address 2620 Lawton

19. (a) Feb 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1 30 1942 to 2-2 1942 that I last saw her alive on 2-2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer

Due to Errors in diet & Drink

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1170

Major findings: Of operations _____

Of autopsy _____

Duration

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 L. E. Walthall (M. D. or other)

Address 1001 Jefferson Ave Date signed 2-3-42

(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~~ my

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St James

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.