

FILED MAY 28 1942 791

STANDARD CERTIFICATE OF DEATH
1003

State File No. 16181
Registrar's No. 4281

Registration District No. _____ 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:
3227 Bell Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs years, months or days)

3. (a) PRINT FULL NAME Pearl Goodloe

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 widow
6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About Dec 12 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace unk Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name unk

13. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Goodloe

(b) Address 3227 Bell Ave

17. (a) Burial (b) Date thereof 5-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Randle Blon

(b) Address 3133 Bell Ave

19. (a) MAY 15 1942 (b) J. F. Proctor
(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. 3227 Bell Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11th
year 1942 hour 4:45 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5-11-42 to 5-11-42
that I last saw her alive on 5-11-42
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Hypertensive Heart Disease
Due to _____
Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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) (a) Means of injury _____
Signature A. E. Hale (M. D. or other) _____
Address 222 N. Jefferson Date signed 5/13/42

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

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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 *S. J. Watson*

Licensed Embalmer No. *269P*

P. O. Address *2749 Short*

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.