

Registration District No. 791

Primary Registration District No. 1003

10
19
9

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

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:
3733a Maffitt 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 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 3733a Maffitt Ave (If rural, give location) 911
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 2, 1942 to May 28, 1942
that I last saw her alive on May 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Subsidiary
typhoid enteritis 1 yr

Due to 1/2
Due to 1/2

Other condition Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 H. A. Whitmer (M. D. or other) MD
Address 1511 E Grand Date signed 5-28-42

3. (a) PRINT FULL NAME Pearl H. Wills
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female / race White / 5. Color or race _____
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bernie Wills 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 22, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Scott County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Georger
13. Birthplace Scott County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sheeter
15. Birthplace Scott County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Wills
(b) Address 3733a Maffitt Ave

17. (a) burial (b) Date thereof 6-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelso, Mo.

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2828 St. Louis Ave
MAY 28 1942 (c) (Registrar's signature) J. F. Medeck
(Date received local registrar)

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

Charles E. Goodrich

Licensed Embalmer No. *2777*

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, fact should be so stated above.