

FILED OCT 21 1942

Registration District No. _____

Primary Registration District No. **1003**

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:
3732 Cook ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
10 Years (Specify whether years, months or days)
In this community _____

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. **3732 COOK ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Pearlie Leola Bozeman**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **3 Colored** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Yancy Bozeman** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased. **September 27 1906**
(Month) (Day) (Year)

8. AGE: Years **36** Months **0** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Pinebluff Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housework**
11. Industry or business **at home**

12. Name **George Broom**
13. Birthplace **Pinebluff Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Bozeman**
(b) Address **3732 Cook ave**

17. (a) **Removal** (b) Date thereof **10/9/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinebluff Ark.**

18. (a) Signature of funeral director **C. W. Roberto**
(b) Address **3035 Lucas ave**

19. (a) **OCT 8 1942** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4**
year **1942** hour **11** minute **11** a.m.

21. I hereby certify that I attended the deceased from **11** 19**42** to **Oct 11** 19**42**
that I last saw him alive on **Oct 11** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary thrombosis** Duration _____

Due to **decompensating heart failure**

Due to **myocarditis from**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____
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 **S. E. Moore** (M. D. or other) _____
Address **809 N. Jefferson** Date signed **10-7-42**

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

MOTHER FATHER

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.