

ED JUN 4 1943

318

1005

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **ASAA**

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: **209 S. Leffingwell**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... **LIFE TIME**..... (Specify whether  
years, months or days)

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. **209 S - Leffingwell**..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **C. Clifford R. Pease**

3. (b) If veteran, name war..... 3. (c) Social Security No. **709-09-9085**

4. Sex **MALE** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **EATNESTINE PEASE** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **JULY 25 1899**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**43 9 22** hr. .... min.

9. Birthplace **ST LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **WOMEN CARRIER**  
11. Industry or business **PULLMAN COMPANY**

MOTHER FATHER

12. Name **BEN PEASE**  
13. Birthplace **MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ANNIE TAYLOR**  
15. Birthplace **MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **EATNESTINE PEASE**  
(b) Address **209 So - Leffingwell Ave**  
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **MAY 24 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **FATHER DICKSON Cem**  
18. (a) Signature of funeral director **AL. BEAL UNDERTAKING CO**  
(b) Address **2726 LUCAS AVE**  
19. (a) **MAY 2 1943** (Date received by registrar) **J. J. Bueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **17**  
year **1943** hour **4** minute **P.** M.  
21. I hereby certify that I attended the deceased from **MAY 1**, 19**43**  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Hypertension**

Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)

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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **W. J. Bueck** (M. D. or other)  
Address **2316 ...** Date signed.....

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

MAY 19 10 12

**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, Arthur R. Hollis

Licensed Embalmer No. 4221

P. O. Address. 4219<sup>th</sup> E. Mayell

**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.**