

FILED JUN 14 1943

318

State File No.

5188

Registration District No.

Primary Registration District No.

1003

Registrar's 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:
5738 Acme Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community..... Unknown
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..... 5738 Acme Ave
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mary E. Pearce

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

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

6. (b) Name of husband or wife..... John D. Pearce 6. (c) Age of husband or wife if alive..... 74 years

7. Birth date of deceased..... November 22, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 13 hr. min.

9. Birthplace..... Jerseyville Ills. /
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business

MOTHER FATHER { 12. Name..... Abe Leake
13. Birthplace..... Unknown Vermont /
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown Vermont /
(City, town, or county) (State or foreign country)

16. (a) Informant..... John J. Pearce

(b) Address..... 5738 Acme Ave

17. (a) Burial (b) Date thereof..... 6/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Hiram Park Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) JUN 5 1943 J. F. Bredek (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 4th
year..... 1943 hour..... 12:50 AM minute..... M.

21. I hereby certify that I attended the deceased from..... July 1943 to..... June 4 1943
that I last saw her alive on..... June 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch. Myocarditis Duration Months.

Due to.....

Due to.....

Other conditions..... Ch. Asthritis 3
(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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... J. F. Bredek (M. D.)
Address..... 6704 W. F. ... Date signed..... June 8/43

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

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 G. Burkholz*
Licensed Embalmer No. *2110*
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.