

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33106

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9401**

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: De Paul Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
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. 5049 Cote Brilliante Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME Pearl Margaret Germain

3. (b) If veteran, name war No.

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 Cornelius Germain

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 29 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>25</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas P. Mc. Kelleget

{ 13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann Mella

{ 15. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address 5049 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) OCT 28 1943 (Date received for registration)

(b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1943 hour 4 minute 30 p. m.

21. I hereby certify that I attended the deceased from Oct 20 1943 to Oct 24 1943
that I last saw him alive on Oct 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage of deg

Due to hypertension

Due to _____

Other conditions 83
(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)

(a) Means of injury _____

23. Signature W. N. White (M. D. or other)

Address 803 N. Kingshighway Date signed 10-25-43

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..... *Fred Frick*

Licensed Embalmer No..... 3186

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.