

S. No. 2  
M-5-43  
7.5-17-39  
I X36671

FILED FEB 28 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1524

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:  
2935 Henrietta St  
(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

3. (a) PRINT FULL NAME Pearl Stiles

3. (b) If veteran, name war ~~XXXXXXXX~~

3. (c) Social Security No. ~~XXXXXXXX~~

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Stiles

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 31 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 ~~62~~ 10 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER, FATHER { 12. Name Green Paris

{ 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Clutter

{ 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Stiles

(b) Address 2935 Henrietta St

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

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3028 Lafayette Ave

19. (a) FEB 16 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 917

(d) Street No. 2935 Henrietta St  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day February  
year 1944 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15  
....., 1944 to Feb. 15....., 1944  
that I last saw her alive on Feb. 10....., 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of liver

Due to.....

Due to..... Hb of

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

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 0

23. Signature E. M. Adams (M. D. or other) M.D.  
Address 3012 Lafayette Date signed 2-16-44

*Dr. Williams*  
*62-1752*

---

---

**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 *Frank J. Duran*.....

Licensed Embalmer No. *72457*.....

P. O. Address *215 East 7th*.....

**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.