S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18089

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1046

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0-00

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5636 Leona 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PEARSON, Henry Otto

3. (b) If veteran, name war —

3. (c) Social Security No. yes

4. Sex M O

5. Color or race wh

6. (a) Single, widowed, married, divorced sep. 1

6. (b) Name of husband or wife Bernice Peck

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

7. Birth date of deceased 7 (Month) 22 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	9	19	hr. min.

9. Birthplace E St Louis (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Chem Hwr

11. Industry or business

FATHER
12. Name Henry Pearson
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Ollie Wirth
15. Birthplace (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Robert Koch Hospital Records

(b) Address KOCH, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation PARKLAWN CEM.

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. GRAND. BLVD.

19. (a) 5-14-46 (Date received local registrar) (b) E. D. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1946 hour 12 minute 53 P M.

21. I hereby certify that I attended the deceased from April 19, 1946, to 5-11, 1946; that I last saw h. 1 alive on 5-11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	2
Due to	2 months
Due to 13	
Other conditions (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 Charles Silverberg (M. D. or other) MD.

Address Koch Hospital Date signed 5/11/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 19

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 J. Wm. Bumbley

Licensed Embalmer No. 3653

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.