No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15010

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3942

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 30yrs
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. 3141 Lucas
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl Douglass

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 3

5. Color or race col

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

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept (Month) 27th (Day) 1890 (Year)

8. AGE: Years 56 Months 6 Days 16 If less than one day hr. min.

9. Birthplace St. Genevieve (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Lewis
15. Birthplace St Genevieve (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Robert Douglas
(b) Address 3141a Lucas Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J.H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) APR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from 4-6, 1947 to 4-13, 1947
that I last saw her alive on April 13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations	
Of autopsy: No	

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PHYSICIAN

Underline the cause of 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 0

23. Signature Edw B Williams (M.D. or other)

Address Hear N Whittier Date signed 4/15/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.