

FILED JUL 7 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Memor A. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: ARMSTER PEARL

3. (b) If veteran, name war: -

3. (c) Social Security No. -

4. Sex: M Color or race: col

5. Color or race: col

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

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: April 20 1932
(Month) (Day) (Year)

8. AGE: Years 15 Months 1 Days 27
If less than one day: 28 hr. - min.

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

10. Usual occupation: Delivery boy

11. Industry or business: ICE & wood

12. Name: Armster Pearl Dr

13. Birthplace: Green City Tenn
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Shears

15. Birthplace: Meridian Miss
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary Pearl

(b) Address: 9153 N. 19th St

17. (a) burial (b) Date thereof: 6-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: J. F. Bredeah & Son

(b) Address: 3133 Bell ave

19. (a) JUN 24 1947 (b) J. F. Bredeah
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: STO

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

(d) Street No. 9153 N. 19th Street
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country: -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 17
year: 1947 hour: - minute: - M.

21. I hereby certify that I attended the deceased from: - to: -
that I last saw him alive on: - and that death occurred on the last day and hour stated above.

Immediate cause of death: Shotgun wound of lung and heart inflicted with gun in the hand of one Clarence Edward Claffler
Died: at home of 2136 E. Jolton Street
Date: June 18 1947 While going to the bathroom
Under conditions: very healthy by the deceased
(Specify pregnancy within 3 months of death)

Physician: Clarence Edward Claffler
Signature: Clarence E. Claffler
Of operations: -
Of autopsy: -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: Accident

(b) Date of occurrence: June 18 1947

(c) Where did injury occur: at home in
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)

23. Signature of physician: Clarence E. Claffler (M. D. or other) 3
Date signed: 6/20/47

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. 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.