V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40427

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2435

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

31 N. Brentwood Do 2800 6 7/8 PM

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 410 W. Argonne Dr. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME R. Hall Pearson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothea
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 25 (Month) 1901 (Day) (Year)

8. AGE: Years 46 Months 6 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Sales Supervisor
11. Industry or business Bell Telephone Co.

FATHER
12. Name Dr. Maurice Pearson 0
13. Birthplace Mexico (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Hall 0
15. Birthplace Sturgeon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Dorothea Pearson
(b) Address 410 N. Argonne Dr. Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) 11-28-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 1947, to Nov 23 1947
that I last saw him alive on Nov. 23 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastrointestinal hemorrhage	2 days.
Due to Malignant hypertension	3 years
Due to Nephrosclerosis	3 years +
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy as above

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 Augustin Jones (M. D. ~~or other~~)
Address 31 N. Brentwood Date signed Nov 25 1947

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.