

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: Park Lane Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 No.  
In this community \_\_\_\_\_ Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CARL A. PEARSON

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Caroline Pearson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 18 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Postal Clerk

12. Name Pear Nelson Pearson

13. Birthplace Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl L. Pearson  
(b) Address 6532 Odell

17. (a) Cremation (b) Date thereof Jan 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister  
(b) Address 6464 Chippewa St.

19. (a) JAN 22 1948 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6522 Odell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12/21/47 1947 to 1/22 1948  
that I last saw him alive on 1/22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
Heart

Due to Chronic Coronary Disease

Due to Chronic Coronary Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation  
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? \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature J. F. Braden (M. D. or other)  
Address 4930 Lindell Blvd. Date signed 1/22/48

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

---

---

**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..... *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address..... *7814 S. Broadway*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**