

FILED JAN 11 1949 **318**

Registration District No. Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution 1404 Pendleton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 093

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

(d) Street No. 1404 Pendleton  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILSON PAIR

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE Color or race NEGRO

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

6. (b) Name of husband or wife MAKINDA PAIR

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased DECEMBER 4, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace HOPEWELL NORTH-CAROLINA  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name ICEY-PAIR

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

14. Maiden name CHERRY PAIR

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Adrain Pair

(b) Address 1404 Pendleton

17. (a) BURIAL (b) Date thereof 12-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Washington Park

18. (a) Signature of funeral director A. H. Burns

(b) Address 212 Carrol

19. (a) DEC 11 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 14  
year 48 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-11  
\_\_\_\_\_, 1948 to 12-14, 1948

that I last saw him alive on 12-13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis Duration \_\_\_\_\_

Due to Eating pork

Due to \_\_\_\_\_

Other conditions Chronic inflammatory rheumatism  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Hurt (M. D. or other)

Address 10154 McArthur Date signed 12-17-48

---

---

**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: \_\_\_\_\_

*Frederic J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address *14 Waymist*

**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.**