

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21526

State File No. ....

5675

Registrar's No. ....

FILED JUL 9 1949

BIRTH NO. 38087-49? REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5636 Leona St.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald Eugene</u> b. (Middle) <u>Pearson</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 28, 1949</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days	IF UNDER 24 HRS. Hours <u>20</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Russell J. Pearson</u>		13b. MOTHER'S MAIDEN NAME <u>Lessie May Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If you are not, or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Russell Pearson 5636 Leona St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Eclampsia of Mother.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis, Mo. St. Louis, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>6/28, 1949</u> , to <u>6/29, 1949</u> , that I last saw the deceased alive on <u>6/29, 1949</u> , and that death occurred at <u>902a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) <u>Chas. O. May, Jr.</u>		23b. ADDRESS <u>3102 S. Grand</u>	23c. DATE SIGNED <u>6/30/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd.,</u>			

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x 1 to 2

Dr. Chas Maty  
3107 Grand

L0313 65566

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed David Lee Fossum

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand Ave

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.