

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 1655

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2069	
c. LENGTH OF STAY (In this place) 18 days		d. STREET ADDRESS (If rural, give location) 5648 St. Louis Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL			

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) J.	c. (Last) PEARSON	4. DATE OF DEATH (Month) (Day) (Year) JULY 6, 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 2-12-92	9. AGE (In years last birthday) 58	if UNDER 1 YEAR Months 4 Days 24	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ALBERT PEARSON	13b. MOTHER'S MAIDEN NAME NORA CANTY	14. NAME OF HUSBAND OR WIFE BESSIE Pearson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) HYPERTENSIVE-ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE		6 yrs
ANTECEDENT CAUSES		DUE TO (b) CONGESTIVE HEART FAILURE		3 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) LANNEC'S CIRRHOSIS		3 yrs
II. OTHER SIGNIFICANT CONDITIONS		d. TERMINAL UREMIA		44.3X
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 44.3X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **6-20**, 19 **50**, to **7-6**, 19 **50**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Sturill M.D.	23b. ADDRESS VA HOSPITAL, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 7-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-10-50	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. 7-7-50	REGISTRAR'S SIGNATURE Bertrand R. Wombe	25. FUNERAL DIRECTOR'S SIGNATURE STROOT & CARROLL, 4600 Natural Bridge,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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.

Student _____
Student Embalmer

Signed Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address: St. Louis, 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.