

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28547

FILED SEP 5 1950

State File No. 7200
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u> d. STREET ADDRESS (If rural, give location) <u>4626a St. Ferdinand</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Irene</u> c. (Last) <u>Pearson</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>August 20 1950</u>	
5. SEX <u>Fem.</u> <u>3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 12, 1920</u>
9. AGE (In years last birthday) <u>29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>state welfare</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Fort Smith, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Leo Trive</u>		13b. MOTHER'S MAIDEN NAME <u>Cleo Martin</u>	
14. NAME OF HUSBAND OR WIFE <u>Lester Pearson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lester Pearson 4626^a St. Ferdinand</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute exacerbation of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myelogenous Leukemia</u> DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>204.1</u>			
22. I hereby certify that I attended the deceased from <u>August 4, 1950</u>, to <u>August 20, 1950</u>, that I last saw the deceased alive on <u>August 20, 1950</u>, and that death occurred at <u>2:40 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>J.R. Bradley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
23c. DATE SIGNED <u>8/20/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.M.C. Green, 3517 Laclede Ave</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 24 1950</u> <u>J. B. Fasator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.M.C. Green, 3517 Laclede Ave</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

Signed.....

Student Embalmer

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.