

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38225**  
Registrar's No. **9391**

FILED NOV 17 1950

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		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 ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) 1135 So. 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL # 1			

3. NAME OF DECEASED (Type or Print) PEARL ANES			4. DATE OF DEATH (Month) (Day) (Year) 11 - 4 - 50		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-16-1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
-------------	-----------------------	---	--------------------------------	---------------------------------------	---------------------------	-------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Metal Goods Corp.	11. BIRTHPLACE (State or foreign country) OLD MINES, MISSOURI	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME NELLIE PORTELL	14. NAME OF HUSBAND OR WIFE OSCAR
--------------------	---	--------------------------------------

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 RAY WHALEN 6823 BLEECK AVENUE.	ADDRESS
--	-------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Purulent Peritonitis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H32X</i>
---	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 700 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Garrett E. Taylor Coroner</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>11 5 50</i>
--	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11 - 6 - 50	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 6 1950	REGISTRAR'S SIGNATURE <i>J. B. Swater</i>	25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.	ADDRESS 2301 Lafayette A ve.
--	--	---	---------------------------------

1686  
9391

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.....

*H. G. Harris*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*3384*

P. O. Address.....

*H. Louis*

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.