

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18457

State File No. ....

318

1003 Registrar's No. .... 3986

No. 300  
10.48

FILED MAY 23 1951

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. .... <b>3986</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place township) <b>4 DAYS</b>		d. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b>		e. TOWN <b>4346</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>7276 CORNELL</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>			b. (Middle) _____		c. (Last) <b>PEARLMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 26, 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unmarried</b>	8. DATE OF BIRTH <b>unk</b>		9. AGE (In years last birthday) <b>26 66</b>		IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>black merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Louis + insurance</b>		11. BIRTHPLACE (State or foreign country) <b>U.S.S.R.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>			
13a. FATHER'S NAME <b>Sidney Pearlman</b>			13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>Yetta</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Morris Ullman</b>				ADDRESS <b>7276 Cornell</b>	
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) <b>Leukemia Subacute</b>						INTERVAL BETWEEN ONSET AND DEATH <b>one month</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fibrillation Cordis</b>						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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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? <b>20413</b>					
22. I hereby certify that I attended the deceased from <b>April 25, 1951</b> , to <b>April 25, 1951</b> , that I last saw the deceased alive on <b>April 25, 1951</b> , and that death occurred at <b>3 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>A. M. ...</b> (Degree or title) _____				23b. ADDRESS <b>3701 Grand Ave</b>			23c. DATE SIGNED <b>4-26-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/29/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesco Shol EmcTN</b>		24d. LOCATION (City, town, or county) <b>University City</b>			(State) <b>Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 27 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Kasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Bryan ...</b> ADDRESS <b>4715 McPherson</b>				

**STATEMENT BY LICENSED EMBALMER**

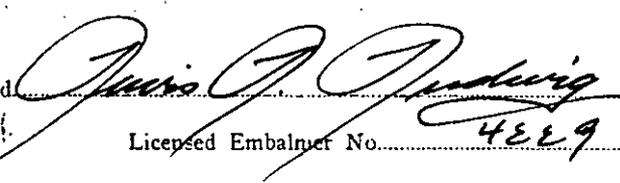
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



..... Licensed Embalmer No. ....

4329

P. O. Address.....

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.