

FILED MAY 6 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13926
3714

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | |
|---|--|---|---|
| 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) St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 10 yrs | | e. STREET ADDRESS (If rural, give location) 2217 3412 Washington Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3412 Washington Avenue | | | |

| | | | | | | | |
|---|--|-------------|--|-------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lulu | | b. (Middle) | | c. (Last) Pearson | | 4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954 | |
|---|--|-------------|--|-------------------|--|--|--|

| | | | | | | | | |
|------------------|---------------------------|---|----------------------------------|--|--------------------------|------------------------|-------------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Unknown 1887 | 9. AGE (In years last birthday) Abt. 67 | # UNDER 1 YEAR Months | # UNDER 2 HRS. Days | # UNDER 2 HRS. Hours | # UNDER 2 HRS. Min. |
|------------------|---------------------------|---|----------------------------------|--|--------------------------|------------------------|-------------------------|------------------------|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (City and State or Foreign Country) Clay County, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|---|--|--|

| | | |
|----------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME Jonas Dean | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Unknown |
|----------------------------------|--------------------------------------|--|

| | | | |
|---|--|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Pricilla Dean | ADDRESS 3412 Washington |
|---|--|--|----------------------------|

| | | | |
|---|---|--|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| DUE TO (b) <i>Cerebral Apoplexy</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 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) 334X |
|--|--|---|

| | | |
|---|--|---------------------------|
| 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 |
|---|--|---------------------------|

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 *2:50* a.m., from the causes and on the date stated above.

| | | | |
|--|---|----------------------------------|------------------------------------|
| 23a. SIGNATURE <i>Joseph M. Deane</i> | (Degree or title) Deputy Coroner of 1500 class | 23b. ADDRESS <i>Greenwood</i> | 23c. DATE SIGNED <i>4/24/54</i> |
|--|---|----------------------------------|------------------------------------|

| | | | |
|--|------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4/29/1954 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
|--|------------------------|--|--|

| | | | |
|---|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. APR 24 1954 | REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | ADDRESS 4107 Finney Avenue |
|---|--|--|-------------------------------|

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

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.....
Signature of Student Embalmer

Signed *Arthur L. Hellbrand*

Licensed Embalmer No.....422

P. O. Address....4107..Finna

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.