

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2947**
Registrar's No. **0590**

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 township) OR TOWN SAINT LOUIS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN SAINT LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 4628 West Rosalie Ave.	
3. NAME OF DECEASED (Type or Print) HARVEY JAMES PEARCE a. (First) HARVEY b. (Middle) JAMES c. (Last) PEARCE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 1955	
5. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1889
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARCHITECT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Harvey Pearce		13b. MOTHER'S MAIDEN NAME Sophie Strasser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
19. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertrophy of prostate operative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) uncontrolled hemorrhage after operation age & general debility	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? 610X		22. I hereby certify that I attended the deceased from 11-22, 1954 , to Jan 19, 1955 , that I last saw the deceased alive on Jan 19, 1955 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. H. Eubanks D. M. S.		23b. ADDRESS 906 Carleton Bldg	
23c. DATE SIGNED 1-22-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge 15	
DATE REC'D BY LOCAL REG. JAN 21 1955		REGISTRAR'S SIGNATURE Carl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)	

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..... *Ralph C. Linders*

Licensed Embalmer No...427...

P. O. Address...*St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.