

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29877

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7736

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G PHILLIPS Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2217 2632 LAWTON Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last YONNIE PEARSON		4. DATE OF DEATH Month Day Year 8 13 57	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-19-57
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		9b. AGE (In years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MACEO PEARSON		14. MOTHER'S MAIDEN NAME MARY CARTER	
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. NONE	
17. INFORMANT Address MOTHER 2632 LAWTON			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW DEATH OCCURRED. (Explain nature of injury in Part I or Part II of item 18.) E 902.021 Lived Home and August 13th
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 8 13 57 1957			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21 Home	20f. CITY, TOWN, OR LOCATION St. Louis MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 538 P. m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree, if any) Hugh Anderson		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-19-57	23c. NAME OF CEMETERY OR CREMATORY OAKDALE CEM.	23d. LOCATION (City, town, or county) LEMAY - MO
24. FUNERAL DIRECTOR LEROY V BANNISTER 4261 Washington		25. DATE RECD. BY LOCAL REG. AUG 19 57	
		26. REGISTRAR'S SIGNATURE J. Earl Smith, MD	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leroy W. Bonnistie*

Licensed Embalmer No. *44*

P. O. Address *4251 Main*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.