

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035112

STATE FILE NUMBER

FILED SEP 29 1958

7657-58

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2431

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. John's</b> <b>42116</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>		Length of stay in lb <b>6 1/2 HRS</b>	d. STREET ADDRESS (If outside, give location) <b>3345 Marshall</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ella</b> Middle Last <b>Pearrow</b>			4. DATE OF DEATH Month <b>9</b> Day <b>20</b> Year <b>58</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-20-58</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>6</b> Days <b>30</b> IF UNDER 24 HRS. Hours <b>6</b> Min <b>30</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>newborn</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>St. John's Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wesley Pearrow</b>	13b. MOTHER'S MAIDEN NAME <b>Omah Smith</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S.'S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Wesley Pearrow</b>	Address <b>3345 Marshall-St. John's</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hypertensive membrane disease</b> DUE TO (b) <b>Prematurity</b> DUE TO (c) <b>773.5</b>		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) <b>Premature labor whose cause is unknown</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>773.5</b>
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20c. TIME OF INJURY Hour <b>6:15 P</b> Month <b>9</b> Day <b>20</b> Year <b>58</b>	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION <b>St. John's</b>	COUNTY <b>St. Louis</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>9-20-58</b> to <b>9-20-58</b> and last saw her alive on <b>9-20-58</b> Death occurred at <b>6:15 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Frank S. Ross, D.O.</b> (Degree or title)	22b. ADDRESS <b>9412 Guthrie</b>	22c. DATE SIGNED <b>9/22/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/22/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>
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24. FUNERAL DIRECTOR <b>Pullen Kelly</b>	ADDRESS <b>7267 Natural Bridge</b>	25. DATE RECD. BY LOCAL REG. <b>9-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, Embalmer, or other person certifying to the cause of death must be listed. All diseases in Part I must be causally related.

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. *Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *James A. Larimer*

Licensed Embalmer No. *4142*

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.