

FEDERAL BUREAU OF INVESTIGATION  
 DEPARTMENT OF JUSTICE  
 DEATH CERTIFICATE

-60-047443

11 AM 9  
 ENDED

1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12230 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		a. STATE <u>MO</u> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1105 N 18th ST</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1105 N 18th ST.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>PEARL DYSON</u>			4. DATE OF DEATH Month Day Year <u>DEC 19 60</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 21 1902</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>10 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTH PLACE (City and state or country) <u>ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JULIENS MONROE</u>		13b. MOTHER'S MAIDEN NAME <u>JULIE ROGERS</u>		14. NAME OF HUSBAND OR WIFE <u>SAM. DYSON</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT Address <u>SAM DYSON 1105 N 18th.</u>
---	---------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
IMMEDIATE CAUSE (a)	<u>Hypertensive heart disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>443x</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
--	---	--

20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
------------------------------------	------------------

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>2/8/60</u> to <u>12/19/60</u> and last saw her/him live on <u>12/19/60</u> Death occurred at <u>11/15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Deed or title) <u>Douglas C. Payne MD</u>	22b. ADDRESS <u>1423 No 9th</u>	22c. DATE SIGNED <u>12/20/60</u>
--	------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>DEC 24/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO.</u>
---	-------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <u>RELIABLE FUNERAL SYSTEM 1389 Union</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 21 1960</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lawrence C. Brown*

Licensed Embalmer No. 4755

P. O. Address 1389 N W

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.