

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2540 -61-011366 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS,** Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4654 NATURAL BRIDGE** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** COUNTY
 c. CITY OR TOWN **ST LOUIS,** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4654 NATURAL BRIDGE AVE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **WILLIAM** Middle **J.** Last **PEARSON SR.** 4. DATE OF DEATH Month **MARCH** Day **14,** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **AUG. 21, 1895** 9. AGE (last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED POLICE OFFICER** 10b. KIND OF BUSINESS OR INDUSTRY **METRO POLICE** 11. BIRTHPLACE (City and state or country) **DEPT ST LOUIS MO** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **MARY PEARSON**

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 **MARY PEARSON** Address **4654 NATURAL BRIDGE**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **congestive heart failure**
 DUE TO (b) **Hypertensive heart disease**
 DUE TO (c) **443x**

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)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **1958** to **1961** and last saw her/him alive on **3/12/61**
 Death occurred at **10²⁹ AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Milton Smith M.D.** 22b. ADDRESS **3720 Washington** 22c. DATE SIGNED **3/15/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **3/17/61** 23c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 23d. LOCATION (City, town, or county) (State) **ST LOUIS MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **STROOT - CARROLL 4600 NATURAL BRIDGE** 25. DATE RECD. BY LOCAL REG. **MAR 16 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith M.D.**

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Melton Smith
Beaumont 3222
10 am Je 38700

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 M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

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.