

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 500 Registrar's No. \_\_\_\_\_

VS 300  
Rev. 11/72

DECEASED—NAME FIRST MIDDLE LAST <b>Elizabeth V. PEARSON</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>March 30, 1977</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	AGE—LAST BIRTHDAY (YEARS) MO. DAYS <b>78</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>September 29, 1898</b>	COUNTY OF DEATH <b>St. Louis</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Unincorporated</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>no</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Christian Hospital Northeast</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>-</b>
SOCIAL SECURITY NUMBER <b>486-16-5431</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
RESIDENCE—STATE <b>Missouri</b>	CITY, TOWN, OR LOCATION, ZIP CODE <b>St. Louis, 63147</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>	TOWNSHIP <b>-</b>
STREET AND NUMBER <b>8721 Riverview</b>			
FATHER—NAME FIRST MIDDLE LAST <b>William - Jarvis</b>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>- - -</b>		
INFORMANT—NAME <b>Mr. George Pearson</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>9108 St. Cyr Rd. St. Louis, Missouri 63136</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) <b>Cerebral Thrombosis</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3/23/77</b>
(b) <b>Arteriosclerotic Heart Disease in Decompensation</b>			<b>3/23/77</b>
(c) <b>Pulmonary Emboli</b>			<b>3/23/77</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
<b>Generalized Arteriosclerosis</b>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>-</b>	DATE OF INJURY (MONTH, DAY, YEAR) <b>-</b>	HOUR <b>-</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <b>-</b>
INJURY AT WORK (SPECIFY, YES OR NO) <b>-</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>-</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>-</b>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>-</b>
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>3 23 77</b>	CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <b>3 30 77</b>	AND LAST SAW HIM/HER ALIVE ON: <b>3 30 1977</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>5:28 P.M.</b>
CERTIFIER—NAME (TYPE OR PRINT) <b>ANTHONY J. LITALE</b>	MO. LICENSE NO. <b>24450</b>	SIGNATURE <b>Anthony J. Litala</b>	DEGREE OR TITLE <b>M.D.</b>
MAILING ADDRESS—CERTIFIER <b>7150 National Bridge St. St. Louis, Mo. 63121</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>3/31/77</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>	CEMETERY OR CREMATORY—NAME <b>Calvary Cemetery</b>	LOCATION <b>St. Louis, Missouri</b>	
DATE <b>April 2, 1977</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Buchholz Mortuaries, Inc. 5967 W. Florissant, St. Louis, Mo. 63136</b>		
FUNERAL DIRECTOR—SIGNATURE <b>John C. Murphy</b>	REG. NO. <b>25-1019</b>	RECEIVED BY LOCAL REGISTRAR <b>John C. Murphy M.D.</b>	DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 31 1977</b>

ST. LOUIS COUNTY  
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE  
801 So. Brentwood Blvd.  
CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt.)

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(Chap. 193.380 RSMo 1969)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

John C. Murphy, M.D., Registrar of Vital Statistics  
and Associate Director of Primary Health Care

Date APR 1 1977

Per \_\_\_\_\_





# Your Baby's Formula

TERMINAL HEAT · Slow Cooling Method

Name Lark Baby girl  
Birth Date 19 June 5-8  
Birth Weight 2- lbs. 4 oz. Length 19 in.  
Present Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in.

PREPARE FORMULA ACCORDING TO INSTRUCTIONS  
ON FOLLOWING PAGES

13 oz. Carnation Evaporated Milk *Liquid*  
19-26 oz. Water *13 1/2*  
2 level tablespoons Karo (White)  
(Carbohydrate)  
Divide into 8-10 bottles of 4-5 oz. each  
Feed at Demand or 6, 10 a.m., 2, 6, 10 p.m., 2 a.m.

## SPECIAL INSTRUCTIONS

**1½-2 Weeks—Pabulum**

**3 Weeks—1 strained fruit**

**2-4 Weeks—1 Tablesp. orange juice — 1 Tablesp. boiled water**

**4-6 Weeks—1 strained vegetable**

0-6 Vitamins daily. Drop directly on baby's tongue.

Offer sterile water twice daily.

With Alcohol sponge wipe around cord twice daily.

MARINE CORPS AIR STATION HOSPITAL  
Cherry Point, North Carolina