

X C- 07563694

STATE FILE NUMBER

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)
CERTIFICATE OF DEATH

124

77 301846

VS 300
Rev. 11/72

Registration District No. <u>317</u>				Primary Registration District No. <u>500</u>	Registrar's No. _____
DECEASED - NAME <u>Elizabeth V. PEARSON</u> SEX <u>Female</u> DATE OF DEATH (MONTH, DAY, YEAR) <u>March 30, 1977</u>					
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE - LAST BIRTHDAY (YEARS) <u>78</u>	UNDER 1 YEAR MOS. <u>5b</u> DAYS <u>0</u>	UNDER 1 DAY HOURS <u>0</u> MIN. <u>0</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>September 29, 1898</u>
CITY, TOWN, OR LOCATION OF DEATH <u>Unincorporated</u> INSIDE CITY LIMITS SPECIFY YES OR NO <u>7c</u> NO HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Christian Hospital Northeast</u>					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>10 Widowed</u>	
SOCIAL SECURITY NUMBER <u>486-16-5431</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Housewife</u>		KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
RESIDENCE - STATE <u>Missouri</u> COUNTY <u>-</u>		CITY, TOWN, OR LOCATION, ZIP CODE <u>St. Louis, 63147</u>		INSIDE CITY LIMITS SPECIFY YES OR NO <u>14d</u> yes	TOWNSHIP <u>14e</u> STREET AND NUMBER <u>8721 Riverview</u>
FATHER - NAME <u>William</u> FIRST <u>-</u> MIDDLE <u>-</u> LAST <u>Jarvis</u>		MOTHER - MAIDEN NAME <u>-</u>		FIRST <u>-</u> MIDDLE <u>-</u> LAST <u>-</u>	
INFORMANT - NAME <u>Mr. George Pearson</u>			MAILING ADDRESS <u>9108 St. Cyr Rd. St. Louis, Missouri 63136</u>		
PART I. DEATH WAS CAUSED BY: <u>(a) Cerebral Thrombosis</u> <u>3123177</u> <u>Due to, or as a consequence of:</u> <u>(b) Arteriosclerotic Heart Disease in Decompensation</u> <u>3123177</u> <u>Due to, or as a consequence of:</u> <u>(c) Pulmonary Emboli</u> <u>3123177</u>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <u>Generalized Arteriosclerosis</u>					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>20a</u>		DATE OF INJURY (MONTH, DAY, YEAR) <u>20b</u>	HOUR <u>20c</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>20d</u>	
INJURY AT WORK (SPECIFY YES OR NO) <u>20e</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>20f</u>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>20g</u>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <u>20h</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
CERTIFICATION - PHYSICIAN: I ATTENDED THE <u>21a</u> DECEASED FROM <u>21b</u>		MONTH <u>3</u> DAY <u>23</u> YEAR <u>77</u>	MONTH <u>3</u> DAY <u>30</u> YEAR <u>77</u>	AND LAST SAW HIM/HER ALIVE ON <u>21c</u> MONTH <u>3</u> DAY <u>30</u> YEAR <u>1977</u>	IF DECEASED DID NOT VIEW THE BODY AFTER DEATH <u>21d</u> NO
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. <u>22a</u>		HOUR OF DEATH <u>5:28 P.M.</u>		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED <u>22b</u> DATE <u>5:28 P.M.</u> HOUR <u>22c</u>	
CERTIFIER - NAME (TYPE OR PRINT) <u>ANTONIO J. VITALE</u>		MO. LICENSE NO. <u>23b</u> 234452	SIGNATURE <u>23c</u> Anthony J. Vitale, M.D.	DEGREE OR TITLE <u>23d</u> 313177	DATE SIGNED (MONTH, DAY, YEAR) <u>23d</u> 313177
MAILING ADDRESS - CERTIFIER <u>23e</u> 715 Grandview Bridge St. Louis, Mo. 63121		STREET OR R.F.D. NO. <u>23f</u>		CITY OR TOWN <u>23g</u>	STATE <u>23h</u> ZIP <u>23i</u>
BURIAL, CREMATION, REMOVAL <u>24a</u> Removal		CEMETERY OR CREMATORIUM - NAME <u>24b</u> Calvary Cemetery		LOCATION <u>24c</u>	CITY OR TOWN <u>24d</u> St. Louis, Missouri
DATE (MONTH, DAY, YEAR) <u>24e</u> April 2, 1977		FUNERAL HOME - NAME AND ADDRESS <u>25a</u> Buchholz Mortuaries, Inc. 5907 W. Florissant, St. Louis, Mo. 63136		STREET OR R.F.D. NO. <u>25b</u> CITY OR TOWN <u>25c</u> STATE, ZIP <u>25d</u>	
FUNERAL DIRECTOR - SIGNATURE <u>25e</u> John C. Murphy, M.D.		REG. NO. <u>25f</u> 1019	REGISTRAR'S SIGNATURE <u>25g</u> John C. Murphy, M.D.	DATE RECEIVED BY LOCAL REGISTRAR <u>25h</u> MAR 31 1977	

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

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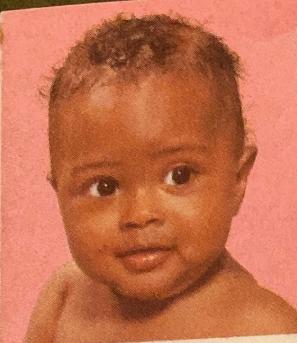
I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department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

John C. Murphy, M.D.

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
17 June 5-8

Birth Date

Birth Weight

Present Weight

lbs.

lbs.

oz. Length

oz. Length

19 in.

in.

PREPARE FORMULA ACCORDING TO INSTRUCTIONS
ON FOLLOWING PAGES

13 oz. Carnation Evaporated Milk
19 26 oz. Water
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.

Some liquid
Water 13 3
Water 13 3

SPECIAL INSTRUCTIONS

1½-2 Weeks—Pablum

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