WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 4 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 B File No. 37816

Township Carondelet Primary Registration District No. 6248 B Registered No. 352

City Jefferson Barracks, Mo. (No. Veterans Administration Facility. St. Ward)

2. FULL NAME Clarence E. SCHEARER

(a) Residence, No. 5034-a Delmar, St. Louis, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Stella Schearer (Divorced)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 17, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morrison Packing Co.,

10. Date deceased last worked at this occupation (month and year) Abt. 7 yrs. ago.

11. Total time (years) spent in this occupation Abt. 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Illinois.

FATHER

13. NAME John M. Schearer,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian, Ohio.

MOTHER

15. MAIDEN NAME Hannah Harsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Fac., Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ind. Ind. DATE Nov 16 1933

19. UNDERTAKER (ADDRESS) Guy Mullen 4259 Lindell

20. FILED Nov 16 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1933, to November 13, 1933

I last saw him alive on November 13, 1933 Death is said to have occurred on the date stated above, at 4:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Unk.
Other contributory causes of importance: Chronic Myocarditis	Unk.

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93C

Name of operation - Date of -

What test confirmed diagnosis? Clinical, x-ray, laboratory Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Veterans Administration Facility, Jefferson Barracks, Mo.