

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 20 1937

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

Do not use this space.

46665

791  
1003

File No. 12459  
Registered No. 12459  
St. Ward)

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, (No. City Hospital No.1)

B. 12430 George Mearer

2. FULL NAME

(a) Residence, No. 3419 Lucas St., 21 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. about 72

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Matt Mearer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Findle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadway DATE Dec 21 1936

19. UNDERTAKER (ADDRESS) J. Hebbert and reco 2847 Metairie

20. FILED DEC 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/36, 19..

22. 11/25/36 I HEREBY CERTIFY that I attended deceased from 12/15/36 19... to 12/15/36, 19...  
I last saw him 12/15/36 19... to 12/15/36, 19... Death is said to have occurred on the date stated above, at 1.10p.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate gland Date of onset 51

Other contributory causes of importance:  
Urinary extravasation  
Diverticulum bladder

Name of operation Cystostomy Date of 12/13/36

What test confirmed diagnosis? Cystoscopy 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? No  
If so, specify.....  
(Signed) J. Hewitt M. D.  
(Address) City Hospital No.1

