

DEC 13 1937

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

39816

Do not use this space.

10803

Registered No.

1. PLACE OF DEATH

(a) County.....

(b) Township St. Louis

(c) City.....

(e) Length of residence in city or town where death occurred yrs. mos. ds.

C. 10610

Registration District No. 791

Primary Registration District No. 1003

(d) Street No. City Hospital No. 1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Geo Fears

Ozanam Shelter

(a) Residence, No. 11

(Usual place of abode, if no street address, write county or city)

St. 11

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1972

7. AGE

65

YEARS

MONTHS

DAYS

6

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

nil

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

FATHER

13. NAME

James Fears

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

Unknown

MOTHER

15. MAIDEN NAME

Nancy Counte

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

Unknown

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetery DATE 11/30/37

19. FUNERAL DIRECTOR
(ADDRESS)

Wm. H. G. F. J. G. F. F.

20. FILED

NOV 23 1937

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from
10/19/37 10/20/37 19

I last saw him alive on 10/20/37 19 Death is said

to have occurred on the date stated above, at 5.30 p.m.

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

Arteriosclerosis Date of onset

95

Other contributory causes of importance:

Mural thrombus - Heart

Dyspepsia - Intermittent

(Arteriosclerosis + Dyspepsia)

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury

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) Charles W. Fearing, M.D.

(Address) City Hospital No. 1

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Rex E Campbell, Licensed Embalmer No. 3891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond Burke

L. E.

No. 3985 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Rex E Campbell

Licensed Embalmer No. 3891

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.)