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.

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

578
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township St Louis Mo ..... Primary Registration District No. 1002 ..... Registered No. 434
(c) City ..... (d) Street No. City Hospital #1 ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. PRINT FULL NAME Edward Lear 600
(a) Residence, No. 1309 S. 6th St. St. 23
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Lear
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12, 1871
7. AGE: YEARS 66 | MONTHS 3 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Photographer
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 occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bellville, Ill

FATHER
13. NAME: Edward G. Lear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Mrs Ouida French, 4085 Concardia
18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE 1-13-38 19
19. FUNERAL DIRECTOR (ADDRESS): Mullen Bros, 4259 Lindell Blvd
20. FILED JAN 13 1938 19 J. Bredec, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Primary	
Other contributory causes of importance:	
Arteriosclerosis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Alfred J. Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W M Rogers, Licensed Embalmer No. 3905

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W M Rogers

Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)