

NOV 25 1938

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

36636  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 748  
 (b) Township St. Louis Primary Registration District No. 5-982 Registered No. ....  
 (c) City St. Louis (d) Street No. Enroute To Isolation Hosp. 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 2 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Catherine Fears

(a) Residence, No. 3709 N. 11th Street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Baby of Thomas Fears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 0 9

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 occupation.....

12. BIRTHPLACE (CITY OR TOWN) Ellington, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Thomas Fears

14. BIRTHPLACE (CITY OR TOWN) Ellington, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Pearl Mitchell

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

17. INFORMANT Thomas Fears (ADDRESS) 3709 N. 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington, Mo. DATE Oct. 30, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED Oct 30 1938 Essie Evans Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938, to Oct 28, 1938

I last saw her alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 5 p m.

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

October 24 Date of onset 1938  
Laryngeal Diphtheria

Other contributory causes of importance: None

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....., 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) A. F. Bugg, M. D.  
 (Address) Ellington, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

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 Geo P Schubert

Licensed Embalmer No. 2212

**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.)**