

No. 2  
4-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40722  
State File No. 10493  
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH: **2**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4258 Hartford St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Harriett Mears  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank Mears  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Feb. 27th 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>23</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Woodruff

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Brooks

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mears

(b) Address 4258 Hartford St.

17. (a) Burial (b) Date thereof 12-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 21 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

(2) USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4258 Hartford St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th  
year 1940 hour 2:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec. 3rd  
1940 to Dec. 20th 1940  
that I last saw her alive on 12-20- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Due to Chronic Hypertension  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredek (M. D. Registrar)  
Address 3225 N. Grand Date signed 12/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3505 N Grand Ave  
Jr 0191 MW 8538

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Edwin M. Bennett*  
Licensed Embalmer No. *3024*

P. O. Address .....

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.)

If this body is not embalmed, fact should be so stated above.