No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9299

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2709

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital 3 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 18 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4049 McRee Ave. (If rural, give location) 9

(e) If foreign born, how long in U.S.A.? Attending Physician 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Edward Mears Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Eunice Mears

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Feb. (Month) 7th (Day) 1907 (Year)

8. AGE: Years 34 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Motorcycle Officer

11. Industry or business Metropolitan Police Dept.

FATHER
12. Name William E. Mears
13. Birthplace / Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cook
15. Birthplace / Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Mears
(b) Address 4049 McRee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 26 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

20. DATE OF DEATH: Month March day 25th year 1941 hour 11:20 minute P.M. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Haemorrhage due to Fracture of skull. Cervical Spine

Due to Inferior Maxillary Suffered When he rode his Motorcycle

Due to into a Barricade at Hampton and Loran ave. about 11:28 Pm

Other conditions March 25, 1941 (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

170 & 8
2721

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3/25/41
(c) Where did injury occur? St Louis (City or town) (County) (State) 000
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M.D. or other)
Address Lyston Coroner Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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

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