

V. S. No. 2
 00M-2-43
 Re 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 43628
 Registrar's No. 2960

FILED JAN 10 1944
 Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Conway and Spoede Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 6 months
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Conway and Spoede Road
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SUSANNAH RICHEY BEAR
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Dec day 29th
 year 1943 hour 7 minute AM
 21. I hereby certify that I attended the deceased from Dec 17th
1943 to Dec 26th 1943
 that I last saw her alive on Dec 26th 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife S. J. Bear
 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased: 6 (Month) 23 (Day) 1855 (Year)

Immediate cause of death
Chromic myocardites
 Due to Chromic myocardites 11/9/40
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
88 6 6 _____ hr. _____ min.

9. Birthplace: Peru (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George B. Holmes
 13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
 14. Maiden name Margaret I Richey
 15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 7

Major findings:
 Of operations _____
 Of autopsy 93d
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ben H. Bear
 (b) Address Conway and Spoede Road

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?
 _____ (Specify type of place)

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-29-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Alexander Sons

While at work _____ (Specify type of place) (b) Means of injury _____

(b) Address 6175 Delmar Blvd.

23. Signature Halter Blosch (M. D. or other) _____

19. (a) DEC 31 1943 (Date received local registrar) (b) E. B. McDevan, MD (Registrar's signature) 33

Address 6635 Delmar Blvd Date signed 12-29-43

6635 Delmar

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 Jose E Mculloch

Licensed Embalmer No. 2460

P. O. Address 6635 Delmar

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.