. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5848

FILED MAR 1 1944 B 18

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 1709

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:
St. Louis City Hospital 0
(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: 000 17

(a) State Missouri (b) County .....

(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1421a Hills Terrace
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Foster Van Lear

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Adele Van Lear

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. (Month) 23 (Day) 1862 (Year)

8. AGE: Years 81 Months 11 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Neosho (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business .....

FATHER
12. Name James Van Lear
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Hatton
15. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant James L. Van Lear
(b) Address Robinson, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 21 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 1:45 minute P 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 Fracture of the right Hip Arteriosclerosis suffered when Deceased slipped and fell on the

Due to Ice Pavement in front of 5360 Northland ave on 2-15-44

Due to at about 10 53 am

Duration 5

Other conditions (Include pregnancy within 3 months of death) 186

Major findings:
Of operations 39

Of autopsy .....

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) Accident 000 6

(b) Date of occurrence 2-19-44

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(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 3

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 2/24/44

(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.....

Licensed Embalmer No.....2971.....

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.