5. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 917

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 10618

Registrar's No. 687

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Feb. 28, 1945 (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: same
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4706 Newberry Street (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Oscar GREAR
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: None.
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Dora Wilson Grear
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: September (Month) 24, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	15	hr. min.

9. Birthplace: Shawneetown (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation: - -
11. Industry or business: - -
FATHER
12. Name: Simon Peter Grear
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Missouri Blue
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Clinical Records
(b) Address: Vet. Adm. Fac., Jeff. Brks., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Barracks Mo
18. (a) Signature of funeral director: J. H. Randle & Son
(b) Address: 3133 Bell Ave
19. (a) MAR 15 1945 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1945 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from February 28, 1945 to March 11, 1945; that I last saw him alive on March 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PNEUMONIA, LOBULAR, BILATERAL.	3 days
~~Due to~~ -	
Other Conditions:	
~~Due to~~ - Gangrene of small intestine with obstruction, due to band of adhesions.	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 3/2/45 - Resection of bowel.
Of autopsy: No 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): no
(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)
While at work?
(e) Means of injury
23. Signature: E. V. EDWARDS, Major, M.C., (M. D. or other)
Address: Clinical Director. Date signed: 3/12/45

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1945

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 [illegible]

Licensed Embalmer No. 269 A

P. O. Address 2769 [illegible]

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.