

FILED MAR 21 1947

State File No. _____

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 624

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
330 E. Adams Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Several Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 330 E. Adams Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Carrie Mae Lear

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife R. H. Lear

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased March 13 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days 4

If less than one day hr. _____ min. _____

9. Birthplace Lackland Road St. Louis Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Baldwin

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

14. Maiden name Addie Axtell

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

16. (a) Informant R. N. Lear, Jr.

(b) Address 330 E. Adams Ave.

17. (a) Burial (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 3-20-47 (b) Paul J. Allen MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 6:10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 15, 1947, to March 17, 1947.
that I last saw her alive on March 16, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 1 day

Due to Chronic Myocarditis Seps

Other conditions Fracture of Hip 6 mo
(Include pregnancy within 3 months of death)

Major findings: 186A
Of operations _____ 1818
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) ADDITIONAL SUPPLEMENTARY INFORMATION
(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) (c) Means of injury _____
23. Signature R. B. Sheslee (M. D. or other) MD
Address Kirkwood, Mo Date signed 3/20/47

APR 25 1941

APR 6 1941

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..... *Felix Edmund*

Licensed Embalmer No. *3034*

P. O. Address..... *Hickwood 122*

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 624

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH: ST. LOUIS
(a) County.....
(b) City or town..... Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) (Specify whether

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

3. (a) PRINT FULL NAME Carnie Mae Lear
(b) If veteran, name war..... (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 13 (Month) (Day) (Year)

8. AGE: Years 81 Months Days (if less than one day) min. Mo

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 1946 year hour minute M.
21. I hereby certify that I attended the deceased from..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings: 46A
Of operations 161g
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
(b) Date of occurrence November 1, 1946
(c) Where did injury occur? Kirkwood, St. Louis, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In kitchen of home (Specify type of place)
While at work? yes (e) Means of injury Scum floor
23. Signature A. J. Theslie (M. D. or other) MD
Address Kirkwood, Mo Date signed 4/17

SUPPLEMENTAL

MOTHER FATHER

11790

116