

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42403

FILED DEC 27 1949
44531-49

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 10627

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>4315 Washington Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4315 Washington Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>4315 Washington Blvd.</u>	

3. NAME OF DECEASED a. (First) <u>Eddraner</u> (Type or Print)			b. (Middle) <u>Renee</u>			c. (Last) <u>Dear</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/8/49</u>								
5. SEX <u>Female</u>			6. COLOR OR RACE <u>Negro</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>7/14/49</u>			9. AGE (In years last birthday) <u>4 Mos.</u> If UNDER 1 YEAR Months Days If UNDER 12 HRS. Hour Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>						10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Laurence Dear</u>				13b. MOTHER'S MAIDEN NAME <u>Mamie Zimmerman</u>				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Laurence Dear, 4315 Washington Blvd.</u>				ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis, Acute</u>								INTERVAL BETWEEN ONSET AND DEATH <u>12-4-49</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) possible bronchopneumonia</u>								" "	
		DUE TO (c) <u>Mongolism</u>								Birth.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>491X</u>			

22. I hereby certify that I attended the deceased from 12-5-49 to 12-8-49, 1949, that I last saw the deceased alive on 12-5-49, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. J. Harrison</u> (Degree or title)			23b. ADDRESS <u>453 N. Taylor Avenue</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>DEC 12 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Farolan</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates, 4107 Finney Avenue</u>			ADDRESS		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Paul

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *4426*

P.O. Address *4107 Fenway Ave*

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.