

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19363

FILED JUN 1 - 1953

State File No. 4004  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>4004</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute H. G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>1730 Elliot Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b>		b. (Middle) _____		c. (Last) <b>Fears</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 14 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>3 - 12 - 1905</b>	
9. AGE (In years last birthday) <b>48</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Terminal Station</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdeen, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A?</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal Station</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdeen, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A?</b>	
13a. FATHER'S NAME <b>William Fears</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Hodges</b>			14. NAME OF HUSBAND OR WIFE <b>Queen Esther Fears</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>498-03-9580</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Queen Esther Fears</b> ADDRESS <b>1730 Elliot Av</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic acidosis</b> ANTECEDENT CAUSES <b>Pulmonary Edema</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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? <b>260X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:10 p.m.</b> , from the causes and on the date stated above.							
23. SIGNATURE <b>Patrick B Taylor</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>31300 Clark</b>		23c. DATE SIGNED <b>4.15.53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>4-20-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park, Ceme</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>People's Und Co., 3100 Franklin Av</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Ald

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.