

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29424**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **1972**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Ferguson		c. CITY OR TOWN Ferguson 4009	
c. LENGTH OF STAY (in this place) 17 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 So. Florissant Rd.		e. STREET ADDRESS (If rural, give location) 1016 So. Florissant Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Trench	
c. (Last) Deare		4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1956.	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <input checked="" type="checkbox"/> White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> Married	8. DATE OF BIRTH Nov. 22, 1870
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Operator,	11. BIRTHPLACE (City and State or Foreign Country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME George Deare	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha L. Deare	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-09-0861	
17. INFORMANT'S SIGNATURE OR NAME Bertha L. Deare, Ferguson, Mo.		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder	
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)	
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?		22. I hereby certify that I attended the deceased from 2-3, 1956 to 8-18, 1956 that I last saw the deceased alive on 8-18, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter W. Lohm, M.D.		23b. ADDRESS	
23c. DATE SIGNED 8-18-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8-20-56.		24c. NAME OF CEMETERY OR CREMATORY St. Peters Ev. Cem.	
24d. LOCATION (City, town, or county) (State) Washington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MO.	
DATE REC'D BY LOCAL REG. 8-19-56		REGISTRAR'S SIGNATURE Hebeck B. Stomke	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Signature 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Eleana Province

Licensed Embalmer No. *3403*

P. O. Address.....
Jennings 90

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.