

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

39129

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis, Mo.** (No. **Isolation Hospital**) ..... St. .... Ward)

File No. ....  
Registered No. **10116**

2. FULL NAME **Henry Gears**

(a) Residence, No. **3137 S. Broadway** ..... St. **24** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred **Life** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 16, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**67 2 13**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **? Day laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **? St. Louis Mo.**

13. NAME **? JOHN H. GEARS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **? GERMANY.**

15. MAIDEN NAME **? ELIZABETH NORIE**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **? GERMANY.**

17. INFORMANT **MG. Barry** (ADDRESS) **5600 Arsenal st.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul** DATE **Nov. 2<sup>d</sup>** 19**37**

19. UNDERTAKER **J. H. Gibson & U. Co** (ADDRESS) **2630 Spruill ave**

20. **NOV 1 1937** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-29-1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-24-** 19**37**, to **10-29-** 19**37**

I last saw him/her alive on **10-29-** 19**37**. Death is said to have occurred on the date stated above, at **11:55 p.m.**

The principal cause of death and related causes of importance were as follows:

**Encephalitis Epidemio.** Date of onset **10-10-**

**Arteriosclerosis**

**Gangrene Rt. Leg.**

Other contributory causes of importance:

Name of operation **77 N. 17<sup>e</sup>** Date of .....

What test confirmed diagnosis? **clinical** Was there an autopsy? **y.s.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) **Thomas J. Pflouch**, M. D.

(Address) **5600 Arsenal**

