

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

REC'D JUN 9 1938
W. M.

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

16915
Do not use this space.

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5351 DELMAR AVE** Registered No. **4776**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **3 yrs. 9 mos. 18 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Laura Augusta Sears, 620**
 (a) Residence, No. **5351 Delmar Blvd.** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Francis M. Sears**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 25, 1875**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	63	2	27	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired Housewife**
 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) **Quincy, Illinois**

FATHER
 13. NAME **Charley Ingersoll,**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Keokuk, Iowa**

MOTHER
 15. MAIDEN NAME **Julia Johnston,**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati, Ohio**

17. INFORMANT (ADDRESS) **William H. Haller, 5351 Delmar City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ATLANTA MO** DATE **5-25-38**

19. FUNERAL DIRECTOR (ADDRESS) **ALBERT H. HOPPE INC, 429 N. EUCLID AVE**

20. FILED **MAY 24 1938** **J. F. Brudick, Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **August 10, 1934** to **May 22, 1938**, 19
 I last saw her live on **May 22, 1938** death is said to have occurred on the date stated above, at **10.52 P. M.**
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset **1 day**
Hypertension **4 yrs**
 Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? **Phy. Ex** Was there an autopsy? **NO**

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? **NO**
 If so, specify **Albert Harrison**, M. D.
 (Signed) **Albert Harrison**
 (Address) **5087 Grand Blvd.**

STATEMENT BY LICENSED EMBALMER

I, Robert Williams, Licensed Embalmer No. 3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Robert Williams

Licensed Embalmer No. 3249

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.)