

Registration District No. 10392

Primary Registration District No. 200

State File No. _____

Registrar's No. 1276

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sappington Road R.R.#6.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alice C. Bear 600

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Bear 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 23, 1868.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>21</u>	hr. _____ min.

9. Birthplace Tuscumbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Schubert

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Fendorf

15. Birthplace Lehigh Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David D. Bear

(b) Address Sappington Rd R.R.#6.

17. (a) Burial (b) Date thereof 7/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tuscumbia Missouri

18. (a) Signature of funeral director Albert H. Hoppe inc

(b) Address 4700 Washington Blvd.

19. (a) JUL 14 1939 (b) J.R. Meyer M.D. D.P.H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Sappington Rd.
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#6
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1939 hour 9 minute 100 M.

21. I hereby certify that I attended the deceased from 7/5/1939
_____, 19____, to 7/14/1939, 19____

that I last saw her alive on 7/13/1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 9 days plus

Due to 93c

Due to _____

Other conditions Generalized Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Mens of injury)

28. Signature Albert H. Hoppe inc (M. D. or other)

Address 5205 CHIPPEWA Date signed _____

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Robert W. Happe

Licensed Embalmer No. *1861*

P. O. Address.....

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, above space should be left blank.