

FILED APR 17 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1016a South Tenth Street
(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) 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1016a South Tenth Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM CHARLES DeGEARE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CAROLINE 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 8, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 24 hr. min.

9. Birthplace JEFFERSON COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation glass-worker
retired

11. Industry or business _____

12. Name Andrew DeBearee
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Medley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward DeBearee
(b) Address 1316a So. 10th Street

17. (a) Burial (b) Date thereof April 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director A. W. L. Laughlin
(b) Address 2301 Lafayette Avenue

19. (a) APR 4 1942 (b) J. F. Debeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1942 hour 8:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Chronic Myocarditis
Arteriosclerosis
Hypertrophic Prostate
930
1130
Other conditions _____
(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)
(e) Means of injury _____
23. Signature W. J. Terry (M. D. or other) _____
Address _____ Date signed 4/4/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

49
20
7
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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.....

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address: *2317 Lafayette*

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.