

FILED JUL 3 1948

Registration District No. 1818

Primary Registration District No. 1003

State File No.

Registrar's No. 5750

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4411 West Belle Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 37 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4411 West Belle Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME EDWARD ALEXANDER FEARS

3. (b) If veteran, name war.....
3. (c) Social Security number Unavailable

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

6. (b) Name of husband or wife Florence Fears 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 12, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 10 hr. min.

9. Birthplace Levade County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

12. Name Unavailable Fears

13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Asa Fears

(b) Address 4411 West Belle Place

17. (a) Burial (b) Date thereof 6/26/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUN 23 1943 (b) J. A. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1943 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 2-9-
1942 to 6-22- 1943
that I last saw him alive on 6-18- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Chr. Myocarditis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 G. R. Harkins (M. D. or other)
Address 3200 Lucas Avenue Date signed 6/22/43

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

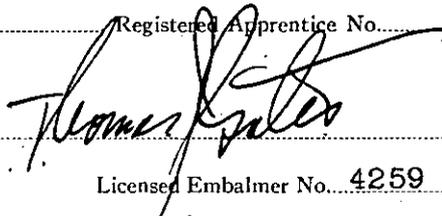
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No... **4259**.....

P. O. Address **4107 Finney Avenue**.....

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.