

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

State File No. 20874

1003 Registrar's No. 5218

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		1003		Registrar's No. 5218			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair							
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis				c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) N.W. 1901 Kansas							
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE			b. (Middle)			c. (Last) CHEARS			4. DATE OF DEATH (Month) (Day) (Year) June 14 1949		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 9, 1889		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Hollysprings, Miss.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ed Williams				13b. MOTHER'S MAIDEN NAME Emma Gloston			14. NAME OF HUSBAND OR WIFE Brewer Chears Sr.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brewer Chears Jr. E. St. Louis, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES (b) Arteriosclerotic Heart Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 6 mos			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			9200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? H200						
22. I hereby certify that I attended the deceased from 9/12/48 to 6/14/49, that I last saw the deceased alive on 6/14/49, and that death occurred at m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree of title) W. H. Pelkon, M.D.				23b. ADDRESS 1850 E. Brady St. E. St. Louis Mo.				23c. DATE SIGNED 6/16/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 17, 1949		24c. NAME OF CEMETERY OR CREMATORY St. George Cem.		24d. LOCATION (City, town, or county) East St. Louis		(State) Ill.			
DATE REC'D BY LOCAL REG. JUN 17 1949		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Hall E. St. Louis, Ill.						

(Licensed Embalmer's Statement on Reverse Side)

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

**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~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Thomas M. Blake.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4479.....

P. O. Address St. Louis, Mo......

**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.