Health, & Welfare Public Service

S. 300
1-57 e.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034265
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8842

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4941 Maffit Pl — Length of stay in 1b 2 69

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 4941 Maffitt Pl — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First DORA Middle Last GREAR

4. DATE OF DEATH Month Sept Day 10 Year 1958

5. SEX Female 3

6. COLOR OR RACE Col

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH March 24 1882

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 5 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Shawneetown, Illinois 1

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Edward Wilson

13b. MOTHER'S MAIDEN NAME Elizabeth Campbell

14. NAME OF HUSBAND OR WIFE Oscar Grear (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. No

17. INFORMANT Cordelia Green Address 4941 Maffitt Pl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) cerebral vascular accident — Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) cerebral vascular disease — Cerebral Vascular Disease — 3 1/2 yrs

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8 Sept 58, to 9 Sept 58 and last saw her/him alive on 9 Sept 58
Death occurred at 1:50 P.M. 1:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mason D. Cloyd (Degree or title) M.D.

22b. ADDRESS 914a No. Taylor 914a N. Taylor

22c. DATE SIGNED 11 Sept 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Sept 15 1958

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) St. Louis, Co (State) Mo

24. FUNERAL DIRECTOR Jas H. Randle & Son ADDRESS 3133 Bell Ave

25. DATE RECD. BY LOCAL REG. SEP 11 2 58

26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. 24 hrs. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Student .....
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washing

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.