

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH

County..... Registration District No..... File No. **35076**
 Township..... Primary Registration District No..... Registered No. **10856**
 City **St. Louis, Mo.** (No. **Sambarium** St. Ward)

2. FULL NAME

Frank Pears

(a) Residence No. **Pelham & Baden St.** **6** Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **43** yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 30, 1866.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | **2** | **29**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Yardman**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Riverview Club**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **^**
 (STATE OR COUNTRY) **^**

12. MAIDEN NAME OF MOTHER **^**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **^**
 (STATE OR COUNTRY) **^**

14. INFORMANT **Chas. H. J. [unclear]**
 (Address) **5400 W. [unclear] St.**

15. FILED **May 6 1923**
 REGISTERED **May 6 1923**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 29 1923**

17. I HEREBY CERTIFY, That I attended [unclear] from **June 29 1923** to **Nov. 29 1923** that I last saw b. alive on **Nov. 29 1923** and that death occurred, on the date stated above, at **2:10 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83 Dementia Paralytica
 (duration) **5** yrs. **1** mo. **1** ds.

CONTRIBUTORY (SECONDARY) **76**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Unknown**
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS **Phys. exam**
 (Signed) **Chas. H. J. [unclear]**

11/29, 19 **23** (Address) **5400 W. [unclear] St.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **12-1 1923**

20. UNDERTAKER **Arthur H. [unclear]** ADDRESS **2039 North St.**