

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33572**

NOV 16 1940 791

Primary Registration District No. **1003**

Registrar's No. **8269**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether _____)
In this community **22 yrs - 3**
years, months or days)

3. (a) PRINT FULL NAME **Andrew Spera**

8. (b) If veteran, name war **World** 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 **Gladys Spera** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **April 22** **1891**
(Month) (Day) (Year)

8. AGE: Years **49** Months **5** Days **10** If less than one day hr. min.

9. Birthplace **Capistrano Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chef**

11. Industry or business **Unemployed**

12. Name **John Spera**

13. Birthplace **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys Spera**

(b) Address **2012 Franklin ave, Rear**

17. (a) **Burial** (b) Date thereof **Oct. 7, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister, H. & L. Co.**

(b) Address **7814 S. Broadway St. Louis, Mo.**

19. (a) **OCT 14 1940** (b) **J. T. Brubaker**
(Date received and registered) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **21**
(If outside city or town limit write "RURAL")
(d) Street No. **2012 Franklin ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **4 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**,
year **1940** hour **12:07** minute **A.** M.

21. I hereby certify that I attended the deceased from **October**
1, 19**40**, to **October 3**, 19**40**
that I last saw him alive on **October 3**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocytic Leukemia**

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **as above.**

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 **James P. Murphy** (M. D. or other) _____
Address **1615 Lafayette Ave.** Date signed **10/3/40**

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 Louis C. Raffner

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, above space should be left blank.