S. No. 300
10-48

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6925

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood Clayton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood 4773
d. STREET ADDRESS (If rural, give location) 217 Electric

3. NAME OF DECEASED (Type or Print) a. (First) Alonzo b. (Middle) c. (Last) Spears

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 51

5. SEX M2 **6. COLOR OR RACE** C. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) 2 **8. DATE OF BIRTH** April 15, 1861 **9. AGE** (In years last birthday) 89 IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Florida **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME Sandy Spears **13b. MOTHER'S MAIDEN NAME** Hanna Spears **14. NAME OF HUSBAND OR WIFE** 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.** None **17. INFORMANT'S SIGNATURE OR NAME** Clearence Spears ADDRESS 217 Electric

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 7955 **20. AUTOPSY?** YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar, Vital Statistics 8 **23b. ADDRESS** 651 Brentwood, Clayton, Mo. **23c. DATE SIGNED** 1-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 1-29-51 **24c. NAME OF CEMETERY OR CREMATORY** Father Dixon **24d. LOCATION** (City, town, or county) Kirkwood, Mo (State)

DATE REC'D BY LOCAL REG. 1/26/51 **REGISTRAR'S SIGNATURE** Herbert R. Domke MD FR **25. FUNERAL DIRECTOR'S SIGNATURE** E. B. Foshee **ADDRESS** 1221 N. Grand

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 7755

P. O. Address 1221 N [illegible]

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.