No. 300
10-48

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34461

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 216

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: Saint Charles
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 816 North Third St. 0920

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): A/K/A William Edgar Spears J.
c. (Last): Spears

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 20, 1882
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 5, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): gardener
10b. KIND OF BUSINESS OR INDUSTRY: City Park
11. BIRTHPLACE (City and State or Foreign Country): Silex, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Spears
13b. MOTHER'S MAIDEN NAME: Julia Jimeson
14. NAME OF HUSBAND OR WIFE: Anna Wagner
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.: 493-36-0919
17. INFORMANT'S SIGNATURE OR NAME: Mrs. E. Spears — ADDRESS: St. Charles, Mo.

James Edgar

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Arteriosclerosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
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* January, 1949, *to* November 3, 1955, *that I last saw the deceased alive on* Nov. 3, 1955, *and that death occurred at* 2:20 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Randall M. D.
23b. ADDRESS: 207 N. 5th St. Charles Mo.
23c. DATE SIGNED: Nov. 4, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1955
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Saint Charles, M.

DATE REC'D BY LOCAL REG.: Nov 3 1955
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Dellmann & Son — ADDRESS: St Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.