

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-014429

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 780

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON MO. 21DYS</u>		c. CITY OR TOWN <u>KIRKWOOD</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST. LOUIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>410 NEW YORK ST</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Spears</u> Last <u>Spears</u>		4. DATE OF DEATH Month <u>2</u> Day <u>28</u> Year <u>63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COL.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3.30.1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DEPERES MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM W SPEARS</u>		14. NAME OF HUSBAND OR WIFE <u>ROBENA SPEARS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO.</u>		17. INFORMANT <u>ROBENA SPEARS 410 NEW YORK K</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Squamous Cell Carcinoma of Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:30</u> Month, Day, Year <u>2-28-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>2-6-63</u> to <u>2-28-63</u> and last saw her alive on <u>2-28-63</u> Death occurred at <u>1:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H.R. Gilchrist, M.D.</u>		22b. ADDRESS <u>1401 S. Brentwood Clayton Mo.</u>	
22c. DATE SIGNED <u>3-1-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEM.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>	
24. FUNERAL DIRECTOR <u>JOHN W. HEMPHILL 408 S. FILLMORE</u>		25. DATE RECD. BY LOCAL REG. <u>3-6-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Teoffie E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand

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.