

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026780

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1979

FILED JUL 1 1963

1. PLACE OF DEATH
 a. COUNTY **ST LOUIS**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **CLAYTON** Length of stay in 1b **2 DAYS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **COUNTY HOSP.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY **ST LOUIS**
 c. CITY OR TOWN **MEACHAM PARK** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **341 NEW YORK** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Charles** Middle **Spears** Last **Spears** 4. DATE OF DEATH Month **June** Day **18** Year **1963**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **JUNE 2 1884** 9. AGE (last birth day) **79** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER** 10b. KIND OF BUSINESS OR INDUSTRY **LABORER** 11. BIRTHPLACE (City and state or country) **HOLLY SPRINGS MISS. U.S.A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **MANGO SPEARS** 13b. MOTHER'S MAIDEN NAME **CRUSCILLA** 14. NAME OF HUSBAND OR WIFE **DECEASED**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, of unknown) (If yes, give year or dates of service) **NO** 16. SOCIAL SECURITY NO. **554111111** 17. INFORMANT **Crusilla Spears** Address **341 New York**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Natural intestinal hemorrhage**
 DUE TO (b) **Natural ulcer & Duodenal ulcer**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Hepatic carcinoma**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **6-16-63** to **6-18-63** and last saw her/him alive on **6-18-63**
 Death occurred at **1:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **L. J. Spemann M.D.** 22b. ADDRESS **1601 S. Brentwood, Clayton Mo** 22c. DATE SIGNED **6-19-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 24 1963** 23c. NAME OF CEMETERY OR CREMATORY **Father Reelers Cemetery** 23d. LOCATION (city, town, or county) (State) **Clayton Mo**

24. FUNERAL DIRECTOR **L. J. Spemann** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **6-19-63** 26. REGISTRAR'S SIGNATURE **John C. Mumfley M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
 1 400.2
 2 400.0
 3
 4 2
 5 2
 6
 7 1
 8 1
 9 540.0
 10
 11
 12 45-0
 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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

Herbert J. Rudell

Licensed Embalmer No. 4243
P. O. Address 22 Cyclid
Mediter Graves

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.