JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41339

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 388

City Jefferson Bks., Mo. (No. Station Hospital St. Ward)

2. FULL NAME Edward A Spayer

(a) Residence, No. 101 Vine St., Depue, Ill. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 - 1913

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forrester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Stanley Spayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Stanley Spayer 101 Vine St., Depue, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Depue Ills DATE 12/20 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 Sy Broadway

20. FILED Dec. 20 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, 19, to Dec 19, 1933, 19

I last saw him alive on Dec 19, 1933, 19 Death is said to have occurred on the date stated above, at 1.18P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
132 B	
120 B	

Other contributory causes of importance:

Diarrhoea, acute

Name of operation ---- Date of --

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify [signature]

(Signed) F. V. Kilgore, Major, M.C., M. D.

(Address) Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD