

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

Do not use this space.

NOV 13 1934

791
1003

37844

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

St. Louis Mo. (City Hospital #2)

File No.

Registered No.

10314

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Robert Spear 4053 - *Hait Jay St.* 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

8 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 7th 1884*

7. AGE YEARS *50* MONTHS *7* DAYS *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laboree*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laboree*
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) *Georgia*

13. NAME *John Spear*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ga.*

15. MAIDEN NAME *Sarah Raf*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ga.*

17. INFORMANT (ADDRESS) *July Perkins 2943 - Lawton Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington* DATE *Oct 26* 1934

19. UNDERTAKER (ADDRESS) *Cunningham Bros 17332 Elm St.*

20. FILED *Oct 24 1934* *Joe P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 20th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *10-13-34* to *10-20-34*

I last saw him alive on *10-20-34* Death is said to have occurred on the date stated above, at *4:10 A.M.*

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

Adeno-Carcinoma of Prostate Gland (Malignant)

Date of onset *10-13-34*

Other contributory causes of importance:

Name of operation *5 Clinical* 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

(Signed) *J. Owen Blacke* M. D.
(Address) *City Hospital #2*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

