

NOV 11 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9374  
2784

State File No.  
Registrar's No.

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town 2227 Pine, Street,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 18 years,  
years, months or days)

3. (a) PRINT FULL NAME Isaac Spears, Jr,  
3. (b) If veteran, name war none,  
3. (c) Social Security No. 704-079-430

4. Sex Male 5. Color or race col  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mamie Spears,  
6. (c) Age of husband or wife if alive 42 yrs, years  
7. Birth date of deceased NOV 10th 1898  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 15  
If less than one day hr. min.

9. Birthplace Marridian, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist-Helper,

11. Industry or business R. P. Shops,

12. Name Isaac Spears, Sr,

13. Birthplace Georgia,  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie McCall,

15. Birthplace Alabama,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Spears,

(b) Address 2227, Pine, St, St Louis, Mo

17. (a) Removal (b) Date thereof Mar 20th, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marridian, Miss.

18. Signature of funeral director W. J. Sneed

(b) Address 2312, Thomas, St.

19. (a) MAR 29 1941 (b) W. J. Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 921  
(c) City or town St Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2227 Pine, St,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Born U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th,  
year 1941, hour 2:50, minute A. M.

21. I hereby certify that I attended the deceased from March 21, 1941, to March 26th, 1941  
that I last saw him alive on March 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 6 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. A. Mueller (M. D. or other)

Address 2335 Franklin Date signed 3-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

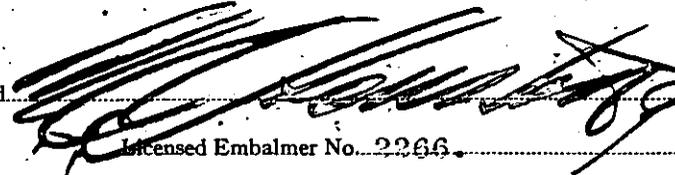
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself,....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



.....  
Licensed Embalmer No. 2266.....

.....; P. O. Address 2812 Thomas, St. Louis, Mo.....

**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 this body is not embalmed, fact should be so stated above.**