No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40208

Registrar's No. 10125

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2206a Franklin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2206a Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Spearman
3. (b) If veteran, name war ----
3. (c) Social Security No. None

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harman Spearman
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Unavailable (Month) (Day) 1854 (Year)

8. AGE: Years Abt. 93 Months Days 0 If less than one day hr. min.

9. Birthplace Coffeeville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ---

FATHER
12. Name Redd Spearman
13. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Peggy Spearman
15. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Morgan
(b) Address 2206a Franklin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th year 1947 hour 10:05 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct. 15th, 1947 to Nov. 9th, 1947; that I last saw her alive on Nov. 9th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	3Wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Apoplexy	3Days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work?
(e) Means of injury 0

23. Signature (M. D. or other)
Address 3146 Laclede Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham Registered Apprentice No. 452, working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.