

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32065

FILED OCT 5 1950

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 0066 Registrar's No. 2125

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>25</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2127
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U. S. Marine Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>792 N. Euclid</u>		
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Albert</u> c. (Last) <u>Spearman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 30, 1893</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Spearman</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Chadwick</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>	16. SOCIAL SECURITY NO. <u>500-10-8929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>U. S. Marine Hospital, Kirkwood, Mo.</u> ADDRESS <u>  </u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriolar nephrosclerosis with uremia</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive cardiovascular disease</u>  DUE TO (c) <u>  </u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>443X</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 10, 1950</u> , to <u>Sept. 4, 1950</u> , that I last saw the deceased alive on <u>Sept. 4, 1950</u> and that death occurred at <u>10:45pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. H. Stimson, Surgeon</u>			23b. ADDRESS <u>U.S. Marine, Kirkwood, Mo.</u>		23c. DATE SIGNED <u>9/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-7-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 646 Chippewa St.</u>		

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7514 S. Broadway*

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.