

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18627

FILED MAY 17 1951

4264

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison						
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 17 days		c. CITY OR TOWN Venice		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Peoples Hospital			d. STREET ADDRESS (If rural, give location) 1019 Bissell 8						
3. NAME OF DECEASED (Type or Print) Orlando			a. (First)		b. (Middle)		c. (Last) Spearman		
4. DATE OF DEATH		(Month) May		(Day) 5		(Year) 1951			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 14, 1934			
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Cooperage Co.		11. BIRTHPLACE (State or foreign country) Madison, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Aaron Spearman			13b. MOTHER'S MAIDEN NAME Ruth Gordon			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Spearman 1019 Bissell, Venice, Ill.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding peptic ulcer; Granulating ulcers 60% of body suffered when accident while working cleaning barrels in open field at Eagle Park Ill. about 400pm Apr 18 1951 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 812						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Laundry		21c. (CITY, TOWN, OR TOWNSHIP) Eagle Park Ill		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Apr 18 51 400 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 89163					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 250 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Signature) _____ (Degree or title)			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 5/7/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 7, 1951		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois			
DATE REC'D BY LOCAL REG. MAY 7 1951		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. K. Marshall E. St. Louis, Ill.				

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed..... *Thomas M. Rabson* .....

Signed.....  
Student Embalmer

Licensed Embalmer No..... 4479 .....

P. O. Address 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.