

FEB 12 1938

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

256  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 791  
(b) Township..... Primary Registration District No. 1003 Registered No. 112  
(c) City ST. LOUIS (d) Street No. at Homer G. Phillips Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Spearman 165

(a) Residence, No. 2830 Pine St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31-1910  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 11 29.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
9. Industry or business in which work was done, as saw mill, bank, etc. 79  
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) Philadelphia  
PA.

FATHER 13. NAME Irwin Spearman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME Fannie Fifer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Verion McNeal  
2830 Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washburn Jan 5-1938

19. FUNERAL DIRECTOR (ADDRESS) 4500K Pennsylvania  
St. Louis

20. FILED JAN 4 1938 Local Registrar. St. Louis

MEDICAL CERTIFICATE OF DEATH

No physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 19 37  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Aneurysmal rupture of left auricle of heart; (non traumatic)  
95B1  
Other contributory causes of importance  
Acute Parenchymatous Nephritis.  
cause unknown  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes  
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..... See above.  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Alfred G. Perry, M. D.  
(Signed) Alfred G. Perry Deputy Coroner  
(Address) St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, Clayton Young, Licensed Embalmer No. 3371  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clayton Young  
Licensed Embalmer No. 3371

**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.)**