

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. 3968)

Registration District No. 791  
Primary Registration District No. 1003  
Labadie Ave.

File No. 25237  
Registered No. 6411  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William H. Spurr

(a) Residence, No. 3968 Labadie Ave. St. 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Spurr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1st. 1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Store Keeper</u>
	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) St. Louis, Mo.

13. NAME Wm. H. Spurr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Minvira Randle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County

17. INFORMANT Jennie Spurr  
(ADDRESS) 3968 Labadie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vainalla Cem. DATE July 3, 1937

19. UNDERTAKER (ADDRESS) Henry Leudner U. Co. 1417 N. Market St.

20. FILE JUL 2 1937 J. A. Bredeck Registrar.

*No Physician's Attendance*  
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1-37 1937

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 6:00 a.m. m. The principal cause of death and related causes of importance were as follows:

Date of onset  
Coronary Occlusion  
Arteriosclerosis  
Other contributory causes of importance HTA

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) W. H. Spurr, M. D.  
(Address) \_\_\_\_\_

WRITE PLAIN WITH UNWRAPPING INK---THIS IS A PERMANENT RECORD

N. B.—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.

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