

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

32302
32302
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **ST. LOUIS MO** (d) Street No. **ST. LUKES HOSP.**
(e) Length of residence in city or town where death occurred **37** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4112 LEXINGTON AVE** St. **10**
(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 **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **MARY J. SPILLER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 5TH 1863**

7. AGE YEARS **74** MONTHS **5** DAYS **28** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED**
9. Industry or business in which work was done, as saw mill, bank, etc. **FORMERLY PACKER**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **20 YRS**

12. BIRTHPLACE (CITY OR TOWN) **CAIRO** (STATE OR COUNTRY) **ILL.**

FATHER 13. NAME **W.M. SPILLER**

14. BIRTHPLACE (CITY OR TOWN) **MURPHYSBURG** (STATE OR COUNTRY) **ILL.**

MOTHER 15. MAIDEN NAME **UNKNOWN.**

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

17. INFORMANT (ADDRESS) **Raymond E Spiller**
421 Winston # 925 E Main

18. BURIAL, CREMATION, OR REMOVAL PLACE **BETHLEHEM** DATE **SEPT 6TH 1937**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND CO**
1827 HOGAN STR

20. FILED **SEP 5 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT 3RD 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 16** 1937 to **Sept 3** 1937

I last saw him/her alive on **Sept 3** 1937. Death is said to have occurred on the date stated above, at **10 P.** m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder urinary Date of onset

Other contributory causes of importance: **51B**

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

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....

(Signed) **J.R. Long** M. D.
(Address) **5535 Delmar**
St. Louis, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

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 John B. Brockland

Licensed Embalmer No. 93

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.)