

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.

26 1938 REC'D SEP 9 1938

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

30045
Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 784
 (b) Township _____ Primary Registration District No. 117
 (c) City Webster Groves (d) Street No. 424 - Front 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 2 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HELEN AGNES SPOTTS 130

(a) Residence, No. 424 Front ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Julian Spotts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Horborne Missouri

FATHER 13. NAME John Spotts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horborne, Missouri

MOTHER 15. MAIDEN NAME Agnes Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri

17. INFORMANT (ADDRESS) Julian C. Spotts
424 Front ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Aug 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Milton Stanley
16 Carrollton Mo

20. FILED AUG 26 1938 T R Meyer M.D. R.H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Aug 26, 1938
 I last saw her alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Hypertension
(Second stroke)

Date of onset

Other contributory causes of importance: 8241

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) Frank P. Gault, M. D.
 (Address) 16 N. 3rd, Webster Groves Mo

SEP 6 1947

STATEMENT BY LICENSED EMBALMER

I, **C. C. Aldrich** , Licensed Embalmer No. **1332**

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 **C. C. Aldrich**

Licensed Embalmer No. **1332**

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.)