

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

390

Do not use this space.

390

REC'D FEB 10 1939

1. PLACE OF DEATH

- (a) County 2 Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis (d) Street No. 5796 McPherson Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Spiro

- (a) Residence, No. 5796 McPherson Ave/ St. 5
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 54

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

12. BIRTHPLACE (CITY OR TOWN) Helena
 (STATE OR COUNTRY) Ark.

13. NAME Henry Spiro

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Rosa Pottsdammer

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

17. INFORMANT Joseph Spiro
 (ADDRESS) 5796 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE Jan. 13 1939

19. FUNERAL DIRECTOR (NAME) Herman Kinschlag
 (ADDRESS) 5216 Delmar Blvd.

20. FILED J. B. Becker Local Registrar.

JAN 12 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 11, 1939
 I last saw her alive on Jan 1, 1939. Death is said to have occurred on the date stated above, at 10:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Louis.
(carcinomatous)
 Date of onset June 18

Other contributory causes of importance:
Carcinoma of uterus Primary
metastatic Ch.
Hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? Exam. 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) Dr. Rex L. Brock, M. D.
 (Address) 2778 - 7th
St. Louis

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Chas. W. Cooper

Licensed Embalmer No. *5850*

P. O. Address.....

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, above space should be left blank.