

WHILE I LIVE I WANT TO USE UNFADING BLACK INK—MAKE 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.

REG'D AUG 11 1939

Registration District No. **791**
1008

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, Vincent St. **171**
(If outside city or town limits, write "RURAL")

(d) Street No. 3429 St. Vincent St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Handley Spurling **164**

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1939 hour 2:10 minute _____ P. A.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Spurling

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 23, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25, 1939 to July 27, 1939; that I last saw him alive on 7/27/39, 1939; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death
Cerebrovascular of the brain

Due to _____

Due to _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John Spurling

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Miana Hogan

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Lillian Spurling

(b) Address 3429 St. Vivcent Street

17. (a) Burial (b) Date thereof July 29, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director By Kadner M. Co

(b) Address 1417 N. Market Street

19. (a) JUL 28 1939 (b) J. T. Budick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature George M. Pike (M. D. or other) _____

Address 1515 Lafayette Ave., Date signed _____

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

Homer L. Ponder

Licensed Embalmer No.

3367

P. O. Address

2223 St. Louis

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.