

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.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1779

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
 (Specify whether  
 In this community 20 years  
 years, months or days)

1939 NOV 9 1939

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6421a Suburban  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lawrence Spurr  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ?

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased July 27 1867  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 1 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
 12. Name George Spurr  
 13. Birthplace \_\_\_\_\_ ? ?  
 (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_ ?  
 15. Birthplace \_\_\_\_\_ ?  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Co. Hosp. records  
 (b) Address \_\_\_\_\_

17. (a) Cremation (b) Date thereof 10 10 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City Infirmary

18. (a) Signature of funeral director St. Louis Co. Hospital  
 (b) Address Clayton Mo.

19. (a) OCT 10 1939 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13  
 year 1939 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 9/2/39  
 \_\_\_\_\_, 19, to 9/13/39 --, 19, \_\_\_\_\_;  
 that I last saw him alive on 9/13/39  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Softening of the brain due to 10 days  
arteriosclerosis and occlusion 1 yr  
 Due to (partial)

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Softening of the brain  
due to arteriosclerosis & occlusion

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) 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)  
 (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address St. Louis Co. Hosp. Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

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.**