

RECEIVED FEB 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. 4994

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1824

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4470 Taft
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HELEN SPICUZZI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Conie Spicuzzi 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 7, 1902
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home.

12. Name Herman Joern
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Almira Powell

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Conie Spicuzzi
(b) Address 4470 Taft Ave.

17. (a) Burial (b) Date thereof 2-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Arthur J. Bremer
(b) Address 6322 S. Grand Blvd.

19. (a) FEB 23 1940 (b) J.F. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4470 Taft
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1940 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Feb 20 1940 to Feb 21 1940
that I last saw him alive on Feb 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day

Due to Hypertension 7 yrs

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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) NO

(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 L. W. [unclear] (M. D. or other)

Address 740 California Date signed 2/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. R. W. Pether
28409 California
9-10 1-3

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo.

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.