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S. No. 2
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5-17-39
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1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 0 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8189

Registration District No. 7840 Primary Registration District No. 200 Registrar's No. 485

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Sappington
(If outside city or town limits write "RURAL")
(d) Street No. Route 6 Box 25
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Spurlock 164
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Spurlock
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July (Month) 2 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
47	8	5	hr. min.

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Anton Onder
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Hoffman
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
16. (a) Informant James Spurlock
(b) Address Sappington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Wood Park
18. (a) Signature of funeral director Jm. E. Maydell
(b) Address 1926 Allen Ave.
19. (a) MAR 8 1940 (Date received local registrar) (b) R. Marx M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th. year 1940 hour 10 minute 45 AM.
21. I hereby certify that I attended the deceased from Patient died suddenly Mar. 7 - 1940, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Pulmonary Embolus	
Due to Coronary occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death) G. 4. P. 2.	

Major findings:
Of operations
Of autopsy

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? 767
While at work? (Specify type of place) (e) Means of injury

23. Signature R. Berg (M. D. or other)
Address 2103 Nebraska Av Date signed 3/17/40

(Licensed Embalmer's Statement on Reverse Side)

SEP 291942

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1921 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.