

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33683**  
Registrar's No. **8330**

**NOV 16 1940**  
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether  
In this community 5 months  
years, months or days)

8. (a) PRINT FULL NAME Laura Spilker

3. (b) If veteran, name war \_\_\_\_\_ 8. (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 Harry Spilker 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 8 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 11 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Coomer  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Dugan  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Spilker  
(b) Address 3936 Lexington Ave.

17. (a) Burial (b) Date thereof Oct. 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Paltz Church

18. (a) Signature of funeral director Edwin J. ...  
(b) Address 1936 St. Louis Ave.

19. (a) OCT 9 1940 (b) J. ...  
(Date of filing) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3936 Lexington Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7  
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from September 25 1940 to October 7 1940  
that I last saw her alive on October 7 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death 2 Uremia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Sub acute  
Of autopsy ab. pancreas + sup  
dist. in + pancreas

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) (c) Means of injury \_\_\_\_\_

23. Signature Edwin J. ... M. D. or other \_\_\_\_\_  
Address 4930 Zippell Blvd Date signed \_\_\_\_\_

Dr. [unclear]  
6807 W. [unclear]

**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 *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 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.**