

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16067

Registration District No. 838

Primary Registration District No. 609818

Registrar's No. _____

1. PLACE OF DEATH: Standard
 (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: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 103
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME W. M. Spiers
 3. (b) If veteran, name war no. 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 14 day April
 year 1941 hour _____ minute _____ M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased. Sep. 15 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Year 67 Months 6 Days 27 If less than one day
 hr. _____ min. _____

Immediate cause of death _____
 Due to Cause unknown
hit by train
 Due to _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Unobtainable
 13. Birthplace Unobtainable (City, town, or county) _____ (State or foreign country)
 14. Maiden name Unobtainable
 15. Birthplace Unobtainable (City, town, or county) _____ (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Phony Zarnoff

(b) Address 34 Bellvue St. Pontiac, Mich

17. (a) Burial (b) Date thereof. 4/16/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, MO

18. (a) Signature of (funeral) director W. H. Howard

(b) Address Leadville, Ark.

19. (a) 5/6 1941 (b) Jennie Budou
 (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) _____
 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? 755

While at work? _____ (Specify type of place) _____ (e) Means of injury 3

23. Signature Paul Neare (City or town) _____

Address _____ Date signed _____

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

169-6
30

RECEIVED

District Health Officer No. 2

District File Number 541-66

Date Filed 5/19/4

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 W. H. Howard

Licensed Embalmer No. 3959

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 838

Primary Registration District No. 609813

Registrar's No.

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Liberty Twp
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME W. M. Speer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
67 6 27 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address
19. (a) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH Month Apr day 14
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

ImmEDIATE cause of death
Cause unknown
Due to hit by train
Due to There was no eye witness at the inquest.
Other conditions Put from all the facts deceased must have been
Major findings: walking on the railroad track and stopped and sat down, and was sitting down at time he was hit.

Duration 16 20
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 Pres. Hearn act. coroner (M. D. or other)
Address Bloomfield, Md. Date signed _____

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

SUPPLEMENTARY

