

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

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:
4628 Farlin Ave.
(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

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. 4628 Farlin Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 20
year 1941 hour 9:30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19_____ to _____ 19_____

that I last saw h _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction
arteriosclerosis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 Thomas Halloran M.D. or other _____
Address Deputy Coroner Date signed 11/24/41

3. (a) PRINT FULL NAME Anastaita Spillet.
Spillet

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Late John Spillet. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 27 hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name Unknown.

13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Lackey.

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. Informant Genevieve Cantrell.

Address 3977 1/2 Sarpy Ave.

17. (a) Burial (b) Date thereof 11-23-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 21 1941 (b) J. F. Brudek
(Date and time local) (Registrar's signature)

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

MOTHER FATHER

100-182
12
9

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis ave

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
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No.
Local Registrar's No. 9240

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of Aug., 1942, before me appears Demetrius Cantrell, who, upon her oath, states that the original record of ^{birth} death for Anastasia Spelleth died Nov-20th, 1941, in the State of Missouri, and which was filed at St. Louis, Mo. on Nov. 21, 1941, should be corrected as follows:

Item No. 3^A should read Anastasia Spelleth

Instead of Anastaita Spelleth

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Demetrius Cantrell Niece
Relationship.

3977 1/2 SARDY AVE
Present Address.

Subscribed and sworn to before me this 4 day of Aug., 1942.

My Commission expires Apr. 14-1945 Fred. E. Fehring Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1941
S-37010