No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39326

Registration District No. FILED DEC 9 1941 784

Primary Registration District No. 200

Registrar's No. 2416

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George SPURLOCK

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced UNKN

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 6 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Winchester (City, town, or county) Ka 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Casper H. Spurlock
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Lula E Hanigan
15. Birthplace (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant Pine Crest Nursing Home
(b) Address Ballwin, Mo.

17. (a) ..... (~~Burial, cremation, or~~ removal) (b) Date thereof 11-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) DEC 1 1941 (Date received local registrar) (b) E J McGahan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 4 1941 to November 15 1941; that I last saw him alive on November 14 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Chronic arthritis	
Due to Arteriosclerosis	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no autopsy

93d

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) None

(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? — (Specify type of place)

While at work? — (e) Means of injury .....

23. Signature B. R. Loving MD (M. D. or other) MD

Address Ballwin, Mo Date signed 11-16-41

(Licensed Embalmer's Statement on Reverse Side)

7733
Frank

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.