

FILED FEB 16 1942

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 300

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
545 S. CLAY 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 85 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 545 SOUTH CLAY AVE.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FANNIE ELIZABETH SPINNEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 42 hour 4 minute 30P M.

21. I hereby certify that I attended the deceased from 41 July 9 to 1942
Feb 8 and that death occurred on the 8 day and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM L. SPINNEY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 14 - 1854
(Month) (Day) (Year)

Immediate cause of death Acute Cording Pneumonia
Hypostatic Pneumonia
Cardiovascular
Disease

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

87 1 26 — hr. — min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES PEAT

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

14. Maiden name MARTHA DALLY

15. Birthplace NEW TOWN ENGLAND
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lillian D. Miltenberger

(b) Address 525 S. CLAY AVE

17. (a) BURIAL (b) Date thereof FEB. 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE GEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) FEB 10 1942 (b) H. Mc Danahy
(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) _____

(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 to

23. Signature W. T. Duffley (M. D. or other) _____

Address Webster Groves Mo Date signed 2/10/42

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 Bob Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove, Mo

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.