

S. No. 2
-9-4-41
5-17-39
P I X22484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8714**
Registrar's No. **2987**

FILED APR 17 1942
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 _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3887 McDonald 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 **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **16** **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3887 McDonald Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Minnie Hirschberg**
3. (b) If veteran, name war **--**
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 **Mark**
6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **June 17 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **9** Days **14**
If less than one day
hr. min.

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

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER

12. Name **William J. Spargo**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Appilgata**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie B. Traylor**
(b) Address **3887 McDonald Ave.**

17. (a) **Cremation** (b) Date thereof **4/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Helen L. ...**
(b) Address **3634 Gravois Ave.**

19. (a) **APR 3 1942** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1942** hour **3** minute **15** P.M.
21. I hereby certify that I attended the deceased from **3/29**
1942 to **3/31**, 19**42**
that I last saw her alive on **3/31**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Bronchial**
Due to _____
Due to **107 a**
Other conditions **107**
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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?
(Specify type of place)

While at work _____ (e) Means of injury _____
23. Signature **John A. Barry** (M. D. or other) **MD**
Address **30 N 60 Grand** Date signed **4/1/42**

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..... *Frank J. Hyland*
Licensed Embalmer No. *2645*
P. O. Address..... *St Louis 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.