V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9253

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3170

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

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3839 Maffitt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 1 1 9
(d) Street No.: 3839 Maffitt Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Spillane

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Thomas Spillane

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: April (Month) 4 (Day) 1882 (Year)

8. AGE: Years 60 | Months 0 | Days 2 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Michael Sullivan
13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Johanna Pierce Fitzgerald
15. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Thomas Spillane 1
(b) Address: 3839 Maffitt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 - 9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.
(b) Address: 1710 N. Grand Blvd.

19. (a) APR 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1942 hour 3 minute 45 p M.

21. I hereby certify that I attended the deceased from 4-3, 1942 to 4-6, 1942 that I last saw him alive on 4-6-42, 19.... and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days
Due to: Hypertensive Cardio-vascular disease
Due to:
Other conditions: Diabetes 61
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 54
Of autopsy: 1

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Herbert S. Pruett (M. D. or other)
Address: 2739 N. Grand Date signed 4-7-42

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Fruck

Licensed Embalmer No. 3186

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.