S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40596

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11963

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: 2903 LAFAYETTE AV. 1
(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 MO (b) County 000 12 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2903 LAFAYETTE AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Spray

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 6 (Day) 1888 (Year)

8. AGE: Years 55 Months 5 Days 25 If less than one day hr. 1 min.

9. Birthplace CHESTER (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation BOILER MAKER.

11. Industry or business

FATHER
12. Name UNK. SPRAY
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Palmer.
(b) Address 2819 Lafayette Av.

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof JAN-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation FLAT RIVER MO.

18. (a) Signature of funeral director E. J. Schneer
(b) Address 3125 LAFAYETTE AV.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 7 minute A.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 Coronary Occlusion

Due to Arteria Sclerosis

Due to

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

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

23. Signature Dr. A. J. Perry Dept Corp (M. D. or other)
Address 1300 Clark Date signed 12/31/43

(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 Joe B. Vollmer

Licensed Embalmer No. 4014

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.