

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Nina Antonina Spravale.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single.

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

7. Birth date of deceased Jan. 1. 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Nihil.

11. Industry or business

12. Name Anthony Spravale.
13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Mozelle Peters.
15. Birthplace Dallas, Texas.
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Spravale
(b) Address 4235 Holly Ave.

17. (a) Burial (b) Date thereof Feb. 7. 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benedict Dickman
(b) Address 1431 Union Blvd.

19. (a) FEB 7 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 10
(d) Street No. 4235 Holly Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1944 hour 2 minute 40 a. M.

21. I hereby certify that I attended the deceased from 2-2-44, 1944, to 2-5-44, 1944;
that I last saw her or alive on 2-5-44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature [Signature] or other MD
Address 4930 Lindbergh, St. Louis. Date signed 2-5-44

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

MOTHER FATHER

*Dr. Ernest
Paulsen*

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 *Ernest Paulsen*

Licensed Embalmer No. *2915*

P.O. Address.....

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.