

FILED APR 1 1948

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Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2933

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 71 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2207 Franklin Ave.
(If rural, give location)

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

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3. (a) PRINT FULL NAME Ann Shirley Spann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 12 14 43
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
year 44 hour 11 minute 45 p.m.

21. I hereby certify that I attended the deceased from 12-14
1943 to 2-23, 1944;
that I last saw her alive on 2-23, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Unknown

Due to Unknown

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years _____ Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name Nellie Spann

15. Birthplace Macon Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Sherard, R.R. 4

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof MAR 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Messelmer

(b) Address City Health Dept

19. (a) MAR 29 1944 (b) J. J. Prude
(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 _____

23. Signature W. J. Subler (M. D. or other) W. J. Subler

Address 2601 N. Whittier St. Date signed 3.27.44

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

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.....

Licensed Embalmer No.....

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.