

S. No. 2
M-8-43
v. 5-17-39
-I X37823

13377

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1944 318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 3802

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days. (Specify whether years, months or days)
In this community 15 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Wellston 96
(If outside city or town limits, write "RURAL")
(d) Street No. 6200 Ella
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Allen Spain
3. (b) If veteran, name war None
3. (c) Social Security No. 486-14-7382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 21, day 1944
year 1944, hour 4:20 P.M., minute .. M.
21. I hereby certify that I attended the deceased from March 22, 1944
19 .. to April 21, 1944
that I last saw him in alive on April 21, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 10 1883
(Month) (Day) (Year)

Immediate cause of death
Hypostatic pneumonia
Due to Generalized arteriosclerosis
Due to

8. AGE: Years Months Days If less than one day
60 10 11 hr. min.

Other conditions Old hemiplegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations SS
Of autopsy

9. Birthplace Cuba, Ill. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name John Spain

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

14. Maiden name Mary Spain

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

16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.,

17. (a) Burial (b) Date thereof 4 / 24 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2501 Lafayette Ave
19. (a) APR 24 1944 J. J. Bredick
(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 0

23. Signature Thomas A. Sweetman (M. D. or other)

Address 5800 Arsenal St Date signed 4-21-44

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

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 L.R. Cooper
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.