

**FILED MAY 15 1944**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

**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:  
**4142 Sarpy Ave.**  
(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

3. (a) PRINT FULL NAME **Annie Spellman**

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 **Widowed**

6. (b) Name of husband or wife **Late John A. Spellman** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **About 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 74** hr. min.

9. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Agnes Warncke**

(b) Address **4142 Sarpy Ave.**

17. (a) **Burial** (b) Date thereof **5-10-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **MAY 8 1944** (b) **J. F. Bedeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4142 Sarpy Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **7th**  
year **1944** hour **5:05** minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from **Jan 1939**  
to **May 7th** 19**44**  
that I last saw h. **ex** alive on **May 7th** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **48 hours**

Due to **hypertension** **arterio-sclerosis** **several years**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

23. Signature **Thomas C. Anderson** (M. D. or other) \_\_\_\_\_  
Address **4600 Maryland** Date signed **5/8/44**

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

006  
179

Pro: 0467  
R.O.  
1/20

**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 *Richard W. Strossand*

Licensed Embalmer No. *4007*

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.**