

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Fred D. Spigle

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

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

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

7. Birth date of deceased June 10, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 6 20 hr. min.

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

10. Usual occupation Rooming house prop.

11. Industry or business.....

12. Name Unknown Spigle

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

14. Maiden name Unknown

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

16. (a) Informant Mary Ellen Spigle

(b) Address 4048 Laclede

17. (a) Burial (b) Date thereof 1/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4048 Laclede
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 44 hour 11 minute 18 A.M.

21. I hereby certify that I attended the deceased from Nov 2 1944 to Dec 30 1944
that I last saw him alive on Nov 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arteriosclerosis Duration 4 years

Due to 1/2/44
Due to.....

Other conditions Chronic Glomerulonephritis 6 mo.
(Include pregnancy within 3 months of death)

Major findings: Nephritis PHYSICIAN
Of operations.....
Of autopsy.....
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 J. W. Macdonald (M. D.)
Address 537 N. Grand Date signed Jan 2 1944

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.....

Henry Eynolds

Licensed Embalmer No..... *1284*.....

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.