V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1945

State File No. 32396

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9035

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: 8625 Drury Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
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. 8625 Drury Lane
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nannie Auria Spillman

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 Married

6. (b) Name of husband or wife John P. Spillman

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 5, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	12	hr. min.

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

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name Joseph White
13. Birthplace Booneville (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Mary Taylor
15. Birthplace Booneville (City, town, or county) Ind. (State or foreign country)

16. (a) Informant John P. Spillman
(b) Address 8625 Drury Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) OCT 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1945 hour 6 minute 0 AM M.

21. I hereby certify that I attended the deceased from June 2, 1945, to Oct. 17, 1945; that I last saw her alive on Oct. 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to Gen. arteriosclerosis + Cardio-renal disease	4 mos
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur Sanders (M. D. or other) M.D.
Address 2202 University St. Date signed 10/19

(Licensed Embalmer's Statement on Reverse Side)

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. William G. Buchholz

Licensed Embalmer No. 2410

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.