

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 814

1. PLACE OF DEATH:

(a) County... St. Louis

(b) City or town... Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10829 Lacklink Road
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Louis 96

(c) City or town... Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No... 10829 Lacklink Rd. 1
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Emma Spell

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour Six minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife... Wallace O. Spell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased... October 6 1875
(Month) (Day) (Year)

Immediate cause of death...
Carcinoma of Throat and abdominal aorta

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>2</u>	hr. _____ min.

Due to..... 55

Due to.....

Other conditions...
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name John McDaniel

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

14. Maiden name Unknown

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

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?.....

16. (a) Informant Mrs. Robert Fowler

(b) Address 6306 Dardenella Ave.

17. (a) Burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxley, Missouri

23. Signature [Signature] (M. D. or other).....
Address 6306 Dardenella Ave. Date signed.....

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 4-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

13234

6
13
1

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..... *W. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.