

Registration District No. **37.3** Primary Registration District No. **4474**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Ann's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **none** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2224 Oakley** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Alice V. Spiers**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **21** year **1947** hour **8** minute **2** P.M.
21. I hereby certify that I attended the deceased from **Investigator** **Jan 21** 19**47**
that I last saw him **alive** on **Jan 21** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Charles Spiers** **6. (c) Age of husband or wife if alive** **47** years
7. Birth date of deceased **March 19** (Month) **1898** (Day) (Year)

Immediate cause of death **Broken back**
Due to **Automobile accident**

8. AGE: Years **48** Months **10** Days **2** If less than one day **hr. min.**

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **No - No**

9. Birthplace **Mo** (City, town or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **James L. Withers**
13. Birthplace **Ill** (City, town or county) (State or foreign country)
14. Maiden name **Estimate**
15. Birthplace **Mo** (City, town or county) (State or foreign country)

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

16. (a) Informant **Charles Spiers**
(b) Address **2224 Oakley**
17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** **1/21/47** (Specify type of removal)
(c) Place: burial or cremation **Forest Hill**
18. (a) Signature of funeral director **Ray Jones**
(b) Address **1466**
19. (a) 1-21-47 (Date received local registrar) **(b) Daley Andrew** (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident auto**
(b) Date of occurrence **Jan 20 1947**
(c) Where did injury occur? **Highway No. 3 W. East** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Highway 40** (Specify type of place)
While at work? **No** (e) Means of injury
23. Signature **Paul Lawrence Croner** (M. D. or other) **3**
Address **Marshall Mo** Date signed **1-21-47**

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

File No. _____

Date Filed APR 21 1947

APR 21 1947

APR 20 1947

APR 10 1947

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 John B. Lang
Licensed Embalmer No. 29653
P. O. Address U.S. 9mo

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.