

National Office of Vital Statistics

FILED DEC 22 1947

318

Primary Registration District No. **1003**

Registrar's No. **11342**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

(c) Name of hospital or institution:
3903 West Belle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....**Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo.** (b) County.....**Madison**

(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No.....**3903 West Belle**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME.....**ARDELL SPILLER**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6th**
year.....**1947** hour.....**11** minute.....**45 P.M.**

21. I hereby certify that I attended the deceased from **Apr 23 1947**
1947 to **Dec 16th 1947**
that I last saw **h.e.v.** alive on **Dec. 6 1947**
and that death occurred on the date and hour stated above.

4. Sex.....**Female** 5. Color or race.....**Col.**

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

6. (b) Name of husband or wife.....**George** 6. (c) Age of husband or wife if alive.....**71** years

7. Birth date of deceased.....**June 1 1886**
(Month) (Day) (Year)

Immediate cause of death.....
Hypertensive cardio-vascular disease & Uremia

Due to.....

Due to.....

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

8. AGE:

Years	Months	Days	If less than one day
61	6	5br.....min

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

9. Birthplace.....**St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Housewife**

11. Industry or business.....

12. Name.....**Arthur Chisolm**

13. Birthplace.....**Charleston S. Caroline**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Cora Chandler**

15. Birthplace.....**St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Geo. Spiller**
(b) Address.....**3903 W. Belle**

17. (a) **Burial** (b) Date thereof.....**12-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director.....**Chas. Gates**
(b) Address.....**4107 Finney Ave.**

19. (a) **DEC 11 1947** (b) **J. B. Wagner**
(Date received local registrar) (Registrar's signature)

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.....**J. B. Wagner** (M. D. or other)
Address.....**4513 Page** Date signed.....**12-11-47**

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.....
John Cunningham..... Registered Apprentice No. 452
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.