

FILED MAR 15 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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 Waks, City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks
(Specify whether years, months or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 N. 9th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Hattie Jane Spiker.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased April 18 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Clary, Co ILL
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Harrison Spiker.

13. Birthplace Not Known ILL
(City, town, or county) (State or foreign country)

14. Maiden name Mae Heart

15. Birthplace Not Known ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Wm H. Spiker
(b) Address 1911 N 9th St St. Louis Mo

17. (a) Burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Woodlawn Park
(Specify type of place)
(d) Signature of funeral director J. Lee Mottelwood
(e) Address 1912 S. 1st St. St. Louis Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1948 hour 5:15 minute 00 P.M.

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

Immediate cause of death Bronchopneumonia Duration _____
Fracture right femur by fall
when decedent fell on the ice
due to play yard in the rear
of his home at 1911 N. 9th St
due to Feb 12th 1948 about 4:00 PM

Other conditions None
(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) Accident by fall
(b) Date of occurrence Feb 12 1948
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
(e) Means of injury While at work? no
Patrick R. Claylor Dep Cal
Signature _____ (M. D. or other)
Address 1300 East Date signed 3-3-48

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

MOTHER FATHER

Handwritten mark

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 Mothershead*
Licensed Embalmer No. *3531*
P. O. Address *Orsato 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.