

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **250817**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1818**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
248 Bauman Ave.
(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

3. (a) PRINT FULL NAME **Emma Spurrier**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **March 31, 1886**
(Month) (Day) (Year)

8. AGE: Years **62** Months **3** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **James Stewart**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Nowland**

15. Birthplace **Unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Spurrier**

(b) Address **248 Bauman Ave.**

(c) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 29, 48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park**

18. (a) Signature of funeral director **Fendler Und Co**

(b) Address **7420 Michigan Ave.**

19. (a) **2-28-48** (Date received local registrar) (b) **Cecile A. Staph** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **248 Bauman Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1948** hour **2** minute **30** AM.

21. I hereby certify that I attended the deceased from **7-26-48**
_____ 19, to **7-26-48** 19.
that I last saw h **er** alive on **7:30 AM 7-26** 19. **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Crown occlusion** Duration **10 yrs**
Due to **My husband** **10 yrs**

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? _____

While at work? _____ (Specify type of place) (c) Means of injury **md**
23. Signature **Ph. A. [Signature]** (M. D. or other) Address **29402 California** Date signed **7-27-48**

Copied by [Signature]

Sent
3728406 Cal -
1-2-Pn.

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 J. Allen Davis Jr

Licensed Embalmer No. 14053

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this _____ day of _____, 194____, before me appears _____

Edward Spurrier

_____, who, upon **his** oath, states that the original record of ^{birth} ~~death~~

for **Emma Spurrier**

^{died} ~~born~~ **July 26, 1948**, 19____, in the State of

Missouri, and which was filed at **Clayton, Mo.** on **July**, 19**48** should be corrected as follows:

Item No. **77** should read **3-31-1868 March 31, 1886**

Instead of **3-31-48 March 31, 1848**

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **Edward Spurrier** Husband
Relationship.

248 Bauman Ave., Lemay 23, Mo.
Present Address.

Subscribed and sworn to before me this **28** day of **August**, 194**8**

My Commission expires **Dec 20, 1951** **Philip E. Lemley** Notary Public.

Form 100-10-1-35
817
This form contains instructions which are to be accepted and read one that through error and write above it.

S-25060