

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 39764

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

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **9216**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2167	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6936 Idaho			16 STREET ADDRESS (If rural, give location) 3137 Louisiana			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Margaret c. (Last) Spiro		4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 11, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Patrick Holland		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Stephen Spiro		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Dorothea Monnotus		ADDRESS 2113 Cleveland				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cerebral Haemorrhage ANTECEDENT CAUSES Cerebral Vasculopathy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Disease Chronic Myocarditis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the direct cause (a) stating the underlying cause last. Accidental Injuries Contusions to trunk			INTERVAL BETWEEN ONSET AND DEATH 6 Mo 28 Mo 4/27/49	
19a. DATE OF OPERATION		19b. FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car		
22. I hereby certify that I attended the deceased from 6/28, 1949 to 11/1, 1951 , that I last saw the deceased alive on 11/1, 1951 , and that death occurred at 4:50 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE George S. Nelson M.D.			23b. ADDRESS 3903 Olive		23c. DATE SIGNED 11/2/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-5-51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	
DATE REC'D BY LOCAL REG. NOV 2 1951		REGISTRAR'S SIGNATURE Frank Smith M.D. R.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Honne 4700 Washington		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John B. Embler

Licensed Embalmer No. 3653

P. O. Address St. Louis, 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.