N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8578
Do not use this space.

1. PLACE OF DEATH 2
(a) County ..... Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 2166
(c) City St. Louis (d) Street No. 3723 S. Spring St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kathryn [illegible] Spayd-Wirick 620
(a) Residence, No. 3723 S. Spring Ave., St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FeMale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Wirick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1860
7. AGE: YEARS 77 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1-15-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Celestine, Ind. 1

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): R. E. Spayd 3723 So Spring Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE 3-4-38 19
19. FUNERAL DIRECTOR (ADDRESS): Oscar J. Hoffmeister 4016 Chippewa Str.,
20. FILED MAR 3 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1937, to 3/1/38, 19
I last saw her alive on 3/1, 1938. Death is said to have occurred on the date stated above, at 3-15 p. m.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of Heart — Date of onset 1 hour.
93C
Other contributory causes of importance: Pleurisy cum effusion, Myocarditis, Chronic — no pneumonia nor T. B. 2 weeks, 6 months.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) EBER SIMPSON, M. D.
(Address) 3729 Travois ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Lieberinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edwin H. Lieberinger

Licensed Embalmer No. 3888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)