

DEC'D APR 12 1939

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

8663

Do not use this space.

Registered No. 2428

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Barnes Hospital 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 yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Belle Sporer

(a) Residence, No. 1617 Hall St., St. NR East St. Louis, Ill.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Louisville, Ky.
(STATE OR COUNTRY)

13. NAME Thomas C. Etridge

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME ----- Black

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Richard Sporer
(ADDRESS) East St. Louis, Ill.18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem. DATE Mar. 16, 193919. FUNERAL DIRECTOR
(ADDRESS) East St. Louis, Ill.20. FILED MAR 14 1939 J. B. Butler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1939, to 3-14, 1939

I last saw her alive on 3-14, 1939. Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic leukemia, myelogenous, cause of ascites, non-tubercular hydrothorax

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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?

If so, specify

(Signed) F. R. Bradley, M. D.

(Address) Barnes Hospital

STATEMENT BY LICENSED EMBALMER

I, C. G. Kurrus, Jr., Licensed Embalmer No. 3162

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

L. E.

No. _____ or by _____
working under my personal supervision.

Signed _____

C. G. Kurrus, Jr.
Registered Apprentice No. _____

Licensed Embalmer No. 3162

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.)