

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **2770**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Perle Plaza Hotel**
(If in hospital or institution, write room number or location)
(d) Length of stay: In-hospital or institution **3**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **May McDonald Spicer**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Charles Spicer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unk. Unk. 1868 7/9/87**
(Month) (Day) (Year)

8. AGE: Years **69** Months **Unk. Unk.** If less than one day
92 hr. min.

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Edward McDonald**
13. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Unknown**
15. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Steele**
(b) Address **5021 Chippewa St.**

17. (a) **Burial** (b) Date thereof **3-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Dr. J. H. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 25 1940** (b) **J. H. Donnelly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **Park Plaza Hotel 12**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **23rd.**
year **1940** hour **11** minute **15** P.M.

21. I hereby certify that I attended the deceased from **March 9th**
to **March 23rd**, 19**40**,
that I last saw **her** alive on **March 9**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**

Due to **Myocardial** **4**

Due to **Congestive myocardia** **27**

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 _____

23. Signature **James C. Boshart** (M., D. or other) _____
Address **500 East** Date signed _____

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell Blvd

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, above space should be left blank.