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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34254

Registration District No. 791 Primary Registration District No. _____ Registrar's No. 8951

NOV 16 1940

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: 2415 So 13th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 29

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2415a So. 13th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Gid Spann

3. (b) If veteran, name war No

3. (c) Social Security No. 329-10-9480

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ava E.

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 1, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	28	hr. min.

9. Birthplace Henry Co., Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman G

11. Industry or business _____

MOTHER FATHER

12. Name William Spann 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Ava E. Spann

(b) Address 2415a So. 13th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director L. N. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) OCT 30 1940 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1940, to Oct. 29, 1940, that I last saw him alive on Oct. 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to _____

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury —

23. Signature Wm. R. Nye (M. D. or other)

Address 2931 Grand Ave. Date signed 10/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.