

100 FEB 25 1941  
Registration District No. 791

Primary Registration District No. 1003

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

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.

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:  
Found Dead at 3908 McRee Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME William A. Spain  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Cora Spain 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased August 2 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 5 24 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Turnkey

11. Industry or business Metropolitan Police Department

MOTHER FATHER  
12. Name Robert A. Spain  
13. Birthplace Missouri (State or foreign country)  
14. Maiden name Mary Grantham  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thelma Spain  
(b) Address Los Angeles California

17. (a) Burial (b) Date thereof Feb 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shrine Hill Mo.

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JAN 30 1941 (b) J. T. Medeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1711  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3908 Mc Ree Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

No Physician in Attendance  
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day January  
year 1941 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage from Gunshot wound of Left Hip and Left Gluteal artery at the hands of one Cora Marie Spain at 3908 McRee Ave about 1 P.M. December 26th. 1941  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_

Other conditions Homicide  
(Include pregnancy within 3 months of death)

Major findings: 173  
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) 1 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Thomas J. Callahan (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 1/30/41

**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

*Frank J. Owens*

Licensed Embalmer No.

*23245*

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, above space should be left blank.**