No. 2
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X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9173

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2583

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: Missouri Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000 17

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

(d) Street No. 3326 Belt Ave
(If rural, give location) O

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

3. (a) PRINT FULL NAME Frank Robert Spina

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased March 16, 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Frank Robert Spina
13. Birthplace Pueblo / Colorado
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margie R. Anderson
15. Birthplace Ironton O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Robert Spina
(b) Address 3326 Belt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 22 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1941 hour 1:55 AM minute M.

21. I hereby certify that I attended the deceased from March 16th, 1941, to March 21st, 1941; that I last saw him alive on March 21, 1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	2 days
Due to 159	
Due to	
Other conditions Premature Ty (8 Mo) (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Lolon P. Harris (M. D. or other) MD
Address 3617 N Grand Date signed

(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. Leonard Hamilton,

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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

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