

FILED OCT 18 1941
791

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3441 N. Union Bl.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis Missouri 617
(If outside city or town limits, write "RURAL")
(d) Street No. 3441 N. Union Bl.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1941 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cirrhosis of Liver

Due to _____

Due to _____

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, or in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Thomas J. Callahan (M.D. or other) _____

Address Deputy Coroner Date signed 9/17/41

3. (a) PRINT FULL NAME Thomas J. Spelucan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 340-12-2786

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Spelucan 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased about 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Richardson

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

14. Maiden name "

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

16. (a) Informant Rev. James J. Lashman

(b) Address 1405 So. 9th St.

17. (a) Burial (b) Date thereof Sept. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Chas. A. Bully

(b) Address 4457 Washington Bl.

19. (a) SEP 17 1941 (b) J. W. Bredbeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

0874-11-01

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.....

John Ketter

Licensed Embalmer No. *2880*

P. O. Address.....

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, fact should be so stated above.