

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30183**

FILED OCT 18 1941
791

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7522**

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:
4731 Ray Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 81 Years
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4731 Ray Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Spore

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 Mary
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 22 1869
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Daniel Spore

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

14. Maiden name Unknown

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

16. (a) Informant Mary Spore

(b) Address 4731 Ray Ave.

17. (a) Burial (b) Date thereof 9-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Hubert Helmske Inc. & Co.

(b) Address 3634 Gravois Ave

19. (a) SEP 17 1941 (b) D. S. Baedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 th.
year 1941 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from April 1st
1941 to Sept 16th 1941
that I last saw him alive on Sept 16th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Rheumatic Myocarditis Duration 6 months

Due to Parkinson's Disease 8 years

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

8 years

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 Walter A. Dumbly (M. D. or other) _____

Address 4738 1/2 ... Date signed 9/17/41

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

Frank J. Hyland

Licensed Embalmer No.

9645

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, fact should be so stated above.