407
No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32978

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7930

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 608 Marion 9
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Canada, B

3. (a) PRINT FULL NAME Grace Sarveis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 6 (Day) 1907 (Year)

8. AGE: Years 34 Months 2 Days 27 If less than one day ___ hr. — min.

9. Birthplace Bonne Terrie (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Thomas Spaulding
13. Birthplace St Francis C. (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Alice Guttman
15. Birthplace St Francis (City, town, or county) C Mo (State or foreign country) 0

16. (a) Informant Thomas T Spaulding
(b) Address Cannon Mine Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Central Md. Co.
(b) Address 1841 Cass ave

19. (a) OCT 4 1941 (Date received local registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3, year 1941 hour 11:40 minute A.M.

21. I hereby certify that I attended the deceased from September 26, 1941 to October 3, 1941; that I last saw her alive on October 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic alcoholism Pulmonary Tbc	
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, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 10/3/41

(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 Wilfred G. Burnley

Licensed Embalmer No. 4202

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.