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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JAN 24 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 39817

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 9523

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

1. PLACE OF DEATH:

(a) County .....

(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 Homer G Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution On Route City Hosp #2 (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town St Louis Mo - 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2009 Division St (If rural, give location)

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

3. (a) PRINT FULL NAME Pearl McSpadden

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 3 Days old (Month) (Day) (Year)

8. AGE: Years ..... Months ..... Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Fred McSpadden
13. Birthplace — (City, town, or county) (State or foreign country) G

MOTHER
14. Maiden name —
15. Birthplace — (City, town, or county) (State or foreign country) G

16. (a) Informant Thos F Callaman
(b) Address Deputy Coroner

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 11-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director H. Rutter
(b) Address Bon Refugio

19. (a) Date received by Registrar DEC 1 1941 (b) J. J. Bedeck (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1941 hour 2 minute 50 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.

	Duration
Immediate cause of death Hemorrhagic Disease of New-Born	
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 .....

23. Signature Thomas F Callaman (M. D. or other)
Address Deputy Coroner Date signed 11/21/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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