

FILED SEP 4 1943 18

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Registrar's No. 7205

Registration District No. .... Primary Registration District No. ....

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

1. PLACE OF DEATH: St Louis Mo.  
 (a) County: St Louis Mo.  
 (b) City or town: St Louis Mo.  
 (c) Name of hospital or institution: 3047 Madison St (near) 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: 000  
 (c) City or town: St Louis Mo. 17  
 (d) Street No: 3047 Madison St. (near) 1/9  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country: 0

3. (a) PRINT FULL NAME: Mate Spotser  
 3. (b) If veteran, name war: - - - - -  
 3. (c) Social Security No. - - - - -

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 8 day 24  
 year 1942. hour minute 4 P.M.

4. Sex: Female 5. Color or race: Col.  
 6. (a) Single, widowed, married, divorced: 2 Widowed  
 6. (b) Name of husband or wife: Widow  
 6. (c) Age of husband or wife if alive: 25th, 1874 years  
 7. Birth date of deceased: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/24, 1942, to 8/23, 1942, and that death occurred on the date and hour stated above.  
 that I last saw her alive on 8/13, 1942.

8. AGE:	Years	Months	Days	If less than one day
	68	6	30	hr. min.

Immediate cause of death: Chronic myocarditis  
 Due to: ...  
 Due to: Interstitial Nephritis  
 Other conditions: (Include pregnancy within 3 months of death)  
 Major findings: Of operations: 131  
 Of autopsy: 131

9. Birthplace: Price Branche Mo. 0  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: Domestic

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business: ...  
 12. Name: Wm. Spotser  
 13. Birthplace: Price Branche Mo. 0  
 (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: Wm. Spotser Jr.  
 (b) Address: 3047 R Madison St  
 17. (a) Burial (b) Date thereof: 8-29-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation: Washington Pk. Cem.  
 18. (a) Signature of funeral director: Ellis Fun, Home  
 (b) Address: 2820 Stoddard St.  
 19. (a) AUG 28 1942 J. J. Bonebeck (Registrar's signature)  
 (Date received local registration)

23. Signature: Dr. Frederick L. Lelander (M. D. or other)  
 Address: 3342 Franklin Ave. Date signed: 8/25/42

**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 L. Boykin  
....., Registered Apprentice No. My  
working under my personal supervision.

Signed Lommie Boykin  
Licensed Embalmer No. 2946  
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.**