S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35942

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9560

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis 11 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 Bond, Ave.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Tommie Spruell

3. (b) If veteran, name war no

3. (c) Social Security No. 326-14-7776

4. Sex Fem.

5. Color or race 3 Col.

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 6 (Month) 1905 (Day) (Year)

8. AGE: Years 36 | Months ~~10~~ 11 | Days ~~20~~ 8 | If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name Joe McCorkel
13. Birthplace unkn. (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant William Spruell
(b) Address 1610 Bond Ave. E. St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page. Boul.

19. (a) NOV 16 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1942 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from Nov 12, 1942, to Nov 14, 1942;
that I last saw her alive on Nov 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suffocation	
Due to laryngeal edema	
Due to Cellulitis of neck	
Other conditions Cause unknown (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy not done

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? no (Specify type of place)
While at work? no (e) Means of injury

23. Signature Gordon F. Moore (M. D. or other)
Address BARNES HOSPITAL Date signed

(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

3847 Page, Boul., Registered Apprentice No. 2432,

working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page, Boul.

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.