

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 211

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town Brentwood Mo
(c) Name of hospital or institution:
9000 Bridgeport
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4MO
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Anna E Spillers

3. (b) If veteran, name war _____ 3. (c) Social Security No. 509 016-6881

4. Sex F 5. Color or race W 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 June 8 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 20 hr. min.

9. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James H Kingery
13. Birthplace Cole Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Alpha J Kimberling
15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Melita Heynen
(b) Address 9000 Bridgeport Ave. Brentwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat. Jan. 30th
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director Jay B. Smith Funeral Home
(b) Address Maplewood Mo.

19. (a) JAN 28 1943 (Date received local registrar) (b) C. E. McHarvey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 9000 Bridgeport
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1943 hour 10 15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1942, to Jan. 28, 1943
that I last saw her alive on Jan. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Due to metastases from st. Breast 5 years ago
Due to _____

Duration 4 mo
5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 50
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Fraser A. Dill (M. D. or other) MD
Address 7346 Manchester Date signed 1-28-43

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

927
143

707

Maplewood, Mo.

143-244

FEB 3 1943

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 J. H. Burgess
Licensed Embalmer No. 84029
P. O. Address Maplewood

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.