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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DEAD MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2356

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: 16 days In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrie Spears

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12 / 1 / 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>7</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business General duties

12. Name Clinton Ayles

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rodaker

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Spears

(b) Address Bellflower Mo.

17. (a) Burial Bellflower Mo.
(Burial, cremation, or removal) (b) Date thereof 3-11-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director D. A. Jones

(b) Address Bellflower Mo.

19. (a) MAR 11 1943 (Date received local registration)
J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis Bellflower
(If outside city or town limits, write "RURAL" and give location)

(d) Street No. St. Lukes Hospital

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 8 55 minute P. M.

21. I hereby certify that I attended the deceased from Feb 20 1943 to March 8 1943

that I last saw her alive on March 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gentle Cardiac Dilatation

Due to uremia

Due to Ch. Nephritis

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy not performed

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 Harold E. M. Carter (M. D. or other)
Address 5535 Delmar Date signed 3-8-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

D. A. Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower, Ill*

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.