

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

JUL 24 1943 318

Registration District No. .... Primary Registration District No. 1003

Registrar's No. 6372

1. PLACE OF DEATH:

(a) County .....  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County .....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4523a St. Ferdinand  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME August Spavale Jr.

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. May 31 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 11 hr. .... min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name August Spavale  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Noto  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Martha Spavale

(b) Address: 4523a St. Ferdinand Ave

17. (a) Burial. (b) Date thereof. July 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director: P. Nicoli

(b) Address: 1150 N. Kingshighway

19. (a) JUL 24 1943 (b) J. F. Medrosch  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July-12 day Monday  
year 1943 hour 7:00 minute ..... M.

21. I hereby certify that I attended the deceased from Birth  
..... 19..... to ..... 19.....

that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature infant  
Duration 2 1/2 hours

Due to.....

Due to..... 159

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?

While at work? (Specify type of place) (2) Means of injury.....

23. Signature Dr. Robert (M. D. or other)

Address 3720 Washington Date signed

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

**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 Arnold W. Schoene  
Licensed Embalmer No. 3864  
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.**