

FILED SEP 4 1943

Registration District No. 377

Primary Registration District No. 3066

Registrar's No. 1977

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

1. PLACE OF DEATH:

(a) County St. Louis Co.
 (b) City or town Meacham Bkts. S. Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community 22 years (years, months or days)

8. (a) PRINT FULL NAME MARY JOSEPHINE SPEARS

3. (b) If veteran, name war. _____ 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 Husband 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 4-27-1876
 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name George Siebert

13. Birthplace Douglas Kansas 9
 (City, town, or county) (State or foreign country)

14. Maiden name _____ ? ? ?

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

16. (a) Informant William Spears

(b) Address 324 New York St.

17. (a) _____ (b) Date thereof 9-1-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director John H. Humphreys

(b) Address 408 S. Palmore Ave. Kirkwood

19. (a) SEP 1 - 1943 (b) E. D. Mc Garrison
 (Date received local registrar) (Registrar's signature) F.S.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
 (c) City or town 3. Kirkwood 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 324 New York St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
 year 1943 hour 92 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 19, 1943, to Aug. 29, 1943

that I last saw her alive on Aug. 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Embarrass of Aorta Duration 6 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30 2 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 R. S. Weid (M. D. or other) _____
 Address Kirkwood Mo Date signed 9-30-43

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 _____

myself

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

P. J. Hamilton Jr.

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas St*

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, above space should be left blank.