

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 34716
Registrar's No. 2552

FILED NOV 10 1945
317

Registration District No. _____ Primary Registration District No. 2070

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
608 Locksley Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Stella Spotswood
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank Spotswood 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 16 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 20 _____ hr. _____ min.

9. Birthplace Hall England
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name George Simpson
13. Birthplace Hall England 4
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Grovenberg
15. Birthplace Little Valley New York
(City, town, or county) (State or foreign country)
16. (a) Informant E.W. Dye
(b) Address 608 Locksley Place
17. (a) Removal (b) Date thereof 11-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 11-7-45 (b) E. J. McDaniel M.D.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 9/2
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Locksley Pl. 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6
year 1945 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from April 20
1945, to Nov. 6, 1945
that I last saw her alive on October 20, 1945
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Carcinoma of stomach 1 yr
Due to _____
Due to _____
Other conditions Essential hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Inoperable carcinoma of stomach with metastases
Of operations _____
Of autopsy _____
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 John L. Norman (M. D. or other) M.D.
Address 114 N. Taylor (8) St. Louis Date signed 11-6-45

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

6
7
4

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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.