V. S. No. 2
00M—5-43
Rev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35875

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3603

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: 4253 North 21st St. (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15 Years

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. 4253 North 21st Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie W. Spies
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William P. Spies
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July (Month) 22 (Day) 1905 (Year)
8. AGE: Years 40 Months 3 Days 12 If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name George Stippey
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER 14. Maiden name Wilhelmina ?
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant William P. Spies
(b) Address 4253 North 21st St.
17. (a) Burial, Removal (b) Date thereof 11-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Mt. Carmel Cemetery
18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 East Grand Blvd
19. (a) Date received local registrar NOV 6 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1945 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct. 4, 1945 to Nov 4, 1945 that I last saw h. alive on Nov 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death (Carcinoma of bronchus and of lung Primary - Unknown.) — Duration
Due to Lung Embolus
Due to
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.

50

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

23. Signature Gerry Ron (M. D. or other)
Address 1918 Fairgrand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Emmy Ross

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 3117 E. Grand.

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.