. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 29551

Registrar's No. 7745

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: City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours (Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1622 South Thirteenth Street 9
(If rural, give location)

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(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH J. SPILLANE

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 10, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	4	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business At Home

FATHER
12. Name John Spillane
13. Birthplace ? Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Howard
15. Birthplace ? Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Spillane
(b) Address 1622 So. 13th Street

17. (a) burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) AUG 14 1947 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1947 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Liver fatty Metamorphosis Arteriosclerosis

Due to

Due to 124

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred J. Perry DDS (M. D. or other)

Address Deputy Coroner Date signed 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....C W Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....301 Lafayette.....

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.