No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 40207

Registrar's No. 11142

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

1. PLACE OF DEATH:

(a) County 1st St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pronounced dead HOMER G. PHILLIPS HOSPITAL ~~In Front Of 4200 Maffitt~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 4251 A Maffitt Ave 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isabell Spearman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 17 (Month) (Day) 1892 (Year)

8. AGE: Years 55 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jerry Miah Ray 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Carter 0
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Florance Montgomery
(b) Address 4422 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Herman J. Smith
(b) Address 4247/w Labadie

19. (a) DEC 5 - 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1 day year 1947 hour 7 16 minute P. 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 Internal hem. from Punctured wounds of heart. 2. Frac. of ribs When she became confused in crossing the street in front of 4200 Maffitt Md Ran in the Path of a automobile driven by Arkra Blackwell (Col) around 7-16 P.M. Dec 1st 1947

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations 170
Of autopsy 21

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) Accident

(b) Date of occurrence Dec 1st 1947 000

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public street (Specify type of place)

While at work? (e) Means of injury Above 3

23. Signature Patrick E. Taylor Dep Cor (M.D. or other)

Address 1300 Clark Date signed 12-5-47

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.....

Licensed Embalmer No.....

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.