

No. 2
12-45
5-17-39
K47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44562**

FILED JAN 30 1948

Registration District No. **378**

Primary Registration District No. **3058**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **St Charles**

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

(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **60 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles R. Spain**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

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 **August 13 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	10	hr. _____ min)

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER

12. Name **James R Spain**

13. Birthplace **Wentzville Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucille Travis**

15. Birthplace **Wentzville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Spain**

(b) Address **626 Lewis**

17. (a) **Burial** (b) Date thereof **Dec. 26 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove St Charles**

18. (a) Signature of funeral director **Haekmann-Bauer, Inc**

(b) Address **326 No. 6th St St Charles Mo.**

19. (a) **1-27-48** (b) **A. Annie Hamilton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Charles**

(c) City or town **St Charles**
(If outside city or town limits, write "RURAL")

(d) Street No. **626 Lewis St**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **23**
year **1947** hour **4** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Jan 1 1947** to **December 23 1947**; that I last saw him alive on **December 22 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocardial failure	1 week
Due to arteriosclerosis, generalized	10 years
Due to _____	_____
Other conditions _____ (Include pregnancy within 3 months of death)	_____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **97**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **98**

(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)

(c) Means of injury _____

23. Signature **George E Kister** (M. D. or other) **MD**

Address **St Charles, Mo** Date signed **1-4-48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 29 1948

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. *3171*

P. O. Address *1100 Park Ave. N.W.*

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.