No. 2
—1/47
5-17-39

#80171

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3118 648

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

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WKS. In this community 78 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5330 Pershing (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAYME SPYER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 6 (Day) 1869 (Year)
8. AGE: Years 78 Months 8 Days 23 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Public Steno.
11. Industry or business
FATHER 12. Name Michael Spyer
13. Birthplace Philadelphia (City, town, or country) Pa. (State or foreign country)
MOTHER 14. Maiden name Pauline Moor
15. Birthplace Alace-Lorraine (City, town, or county) (State or foreign country)
16. (a) Informant Miss Millie Spyer
(b) Address 5330 Pershing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20th year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12/5/47, 19..., to Jan 20th, 1948 that I last saw her alive on Jan 20th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senile cachexia	Duration
Due to	
Due to	
Other conditions Senile psychosis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature C. E. Boyd (M.D. or other)
Address 1515 Lafayette Date signed 1/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 6 1949

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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 Lewis R Ludwig

Licensed Embalmer No. 4229

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.