

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4263 DeTonty St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 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") 9
 (d) Street No. 4263 DeTonty St. 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mintie Spahr

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Walter Spahr
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased April 10 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 17 hr. _____ min.

9. Birthplace Nashville Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation at home
none

11. Industry or business _____

12. Name James Jordan

13. Birthplace Nashville Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Spahr

(b) Address 4263 DeTonty St.

17. (a) burial (b) Date thereof 7-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A. Crow Law Co.

(b) Address 2707 N. Grand Bl'vd

19. (a) JUL 8 1948 (Date received local registrar)
J. F. Bradeef (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1948 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from APR 15 1948
 _____, 19____, to 7 July, 19____
 that I last saw her alive on 7 July, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: acute heart failure 15 min
 Due to Cardiac Decompensation 3 mos

Due to Hypertension 10 yrs

Other conditions None
 (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 A. Dworkin (M. D. or other) MD

Address 1657 So. Grand Date signed 8 July 48

MOTHER FATHER

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 J. Hyland

Licensed Embalmer No.....

2646

P. O. Address.....

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.