

FILED JUN 21 1948

Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21364

Registrar's No. 5370

## 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:  
 St. Ann's Childrens Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 11 hours  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Waynette Karen Sue Spray3. (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..... Single  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... April 28 1948  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 21 13 hr. min.9. Birthplace..... Granite City Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Infant

11. Industry or business.....

12. Name..... Lester Eugene Spray

13. Birthplace..... Granite City Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Juanita Ryan

15. Birthplace..... Jacksonville Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lester E. Spray

(b) Address..... 1720 Grand Ave., Gr. City, Ill.

17. (a) Removal.....  
(Burial, cremation, or removal) (b) Date thereof..... 6-12-48  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Granite City, Ill.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) JUN 13 1948  
(Date received local registrar) (b) J. P. Bredeck  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... Ill. (b) County..... Madison  
 (c) City or town..... Granite City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1720 Grand  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 6 day..... 11  
year..... 48 hour..... 9 minute..... 35 P.M.21. I hereby certify that I attended the deceased from  
6-10 1948 to 6-11 1948  
that I last saw h.e.r. alive on 6-11-48  
and that death occurred on the date and hour stated above.  
DurationImmediate cause of death.....  
Cardiac failure secondary to  
congenital heart disease  
and anomalies of great vessels.Due to.....  
Other conditions.....  
(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).....

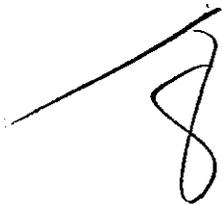
(b) Date of occurrence.....

(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..... Gilbert B. Fisher (M. D. or other)

Address..... Date signed.....



**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 John S Pennick  
Licensed Embalmer No. 4194  
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.