

REG SEP 13 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, Max C. Stark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CAROL SPERBER

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 child

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

7. Birth date of deceased: Nov. 13 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 9 22
hr. min.

9. Birthplace Covington Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Sperber

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Geyer

15. Birthplace Newport Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella Sperber

(b) Address 34 Hardith Court

17. (a) removal (b) Date thereof Sept. 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) SEP 6 1948 (b) J. J. Brodecke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 34 Hardith Ct.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1948 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-1-48
19____ to Sept 5, 1948

that I last saw him alive on Sept 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Polio myelitis, Bulbo spinal Duration 8 da

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward J. Washington (M.D. or other)

Address 1515 Lafayette Date signed 9-5-48

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

J. Allen Rappin Jr.
.....

Licensed Embalmer No.

P. O. Address.....

*4053
St. Louis, Mo.*
.....

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.