

FILED OCT 8 1948
Registration District No. 202

Primary Registration District No. 4531

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

1. PLACE OF DEATH:

(a) County WARREN

(b) City or town HALLIE JANE MEMORIAL HOME
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WARRENTON, MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da (Specify whether years, months or days) 4

In this community 3 DAYS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town BRISCOE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME PETER HARRY Spilker

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased OCT 21 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 11

If less than one day hr. _____ min. _____

9. Birthplace ST LOUIS MO MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name UNKNOWN

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant H. SPILKER

(b) Address TROY MO

17. (a) REMOVAL (b) Date thereof 10/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST LOUIS MO

18. (a) Signature of funeral director Herman General Name

(b) Address Troy MO

19. (a) Oct 2, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1948 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 27 1948 to Oct 2 1948 and that death occurred on the date and hour stated above.

that I last saw h. live on Oct 1 1948 ;

Immediate cause of death _____

Pneumonia bilateral 3 days

Due to Cerebral Hemorrhage 6 days

Paralytic right side 6 days

Due to _____

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

Major findings:
Of operations _____

Of autopsy g. 3 a

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 _____

Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 1948

Date Filed OCT 8 1948

Licenses File Number

Division Health Officer No. 9

RECEIVED

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 Joseph J. Marsh
Licensed Embalmer No. 3932
P. O. Address Tray, 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.