

SEP 25 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28294

1. PLACE OF DEATH

County St. LouisRegistration District No. 1123

Township

Primary Registration District No. 6248 BCity Jefferson Barracks(No. Veterans Administration Facility)

File No.

Registered No. 273

St. _____ Ward _____

2. FULL NAME SPINK, Stephen L.(a) Residence, No. 2218 Madison Street St. St. Louis, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Spink</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 17, 1893</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>42</u>	<u>6</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Worker</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>		11. Total time (years) spent in this occupation <u>Unavail</u>	

12. BIRTHPLACE (CITY OR TOWN) Meade Co.
(STATE OR COUNTRY) Kentucky13. NAME Unavailable14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable15. MAIDEN NAME Unavailable16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable17. INFORMANT A.W. Schulz, J.D., Act. Chief M.O.
(ADDRESS) Veterans Administration Fac.18. BURIAL, CREMATION, OR REMOVAL Jeff. Barracks, Mo.
PLACE National Cem. DATE Aug 6 193519. UNDERTAKER C. Hoffmeister N. & K. Co
(ADDRESS) 2814 S. Broadway20. FILED Aug 5 1935 G. Moloney
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 193522. I HEREBY CERTIFY, That I attended deceased from July 31, 1935, 19____, to August 2, 1935I last saw him alive on August 2, 1935 Death is saidto have occurred on the date stated above, at 8:35 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar

Date of onset

Unkn.

Other contributory causes of importance:

NoneName of operation None Date of _____
History, physical, x-ray, lab. findings,
What test confirmed diagnosis? _____ Was there an autopsy? No
and clinical manifestations.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A.W. Schulz, J.D., Act. Chief M.O., M. D.(Address) Veterans Administration FacilityJefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

