

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32857

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

791

(a) County

Registration District No.

(b) Township

Primary Registration District No.

1003

Registered No.

8911

(c) City **St. Louis, Mo.**

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **35** yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Spriggs**(a) Residence, No. **901 O'Fallon**St. **15**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male**Colored****Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 27, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55**5****5**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Common

9. Industry or business in which work was done, as saw mill, bank, etc.

Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Maryland

13. NAME

Jessie Spriggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

15. MAIDEN NAME

Rosie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia17. INFORMANT (ADDRESS) **Evelyn D Hilliard****2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington** DATE **9-14-37**

19. FUNERAL DIRECTOR (ADDRESS)

Dr. Richter**3501 Rutgers St**

20. FILE NO.

SEP 24 1937**J. H. Brodeur**

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

August 23, 1937 to September 2, 1937I last saw him alive on **September 2, 1937** Death is said to have occurred on the date stated above, at **12:41 a.m.**

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

Luetic Heart DiseaseDate of onset **8/23/37**

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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

Accident, suicide, or homicide? Date of injury

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? **/**

Also, specify

(Signed) **C. L. Lewis**, M. D.(Address) **2601 N Whittier**

(Licensed Embalmer's Statement on Reverse Side)

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.

EMBALMER'S CERTIFICATE

DATE OF DEATH

AGE

PLACE OF BIRTH

CITY AND STATE

SEX

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)