

JAN 10 1938

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

43723  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
(b) Township ..... Primary Registration District No. .... Registered No. **11973**  
(c) City **of St. Louis** (d) Street No. **3973 Connecticut St.** ..... St.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Catherine Spinks**

(a) Residence, No. **3973 Connecticut St** St. **16**  
(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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Ahe L. Spinks**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 9, 1866**

7. AGE YEARS **71** MONTHS **8** DAYS **17** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bolton England**

FATHER 13. NAME **John Tarp**

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

MOTHER 15. MAIDEN NAME **Marie Kilroy**

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

17. INFORMANT (ADDRESS) **Ahe L. Spinks 3973 Connecticut**

18. BURIAL, CREMATION OR REINTERMENT PLACE **Oak Grove Cem.** DATE **Dec. 29, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **A. N. McLaughlin 2301 Lafayette Avenue**

20. FILED **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 26**, 19**37**, to **Dec 27**, 19**37**. I last saw her alive on **Dec 27**, 19**37**. Death is said to have occurred on the date stated above, at **8 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Tuberculosis**  
Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Tuberculin** 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? **Yes**  
If so, specify **D. Hansen**  
(Signed) **D. Hansen** M. D.  
(Address) **3150 Grand Blv**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

899

DEC 28 1937

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

**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.)**