

REC'D JUL 12 1938

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

20728
Do not use this space.

5867

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis Mo** (d) Street No. **City Hospital St** Registered No. **12911**
(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. **157**
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **2911 Pine** St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/17/38		
7. AGE YEARS	MONTHS	DAYS
4 no statement		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none		
9. Industry or business in which work was done, as saw mill, bank, etc. none		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation none
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo		
13. NAME Ernest Spann		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss		
15. MAIDEN NAME Blanche Brown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss		
17. INFORMANT (ADDRESS) Ernest Spann 2911 Pine		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 6-22-38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Richter 2500 Rutger Central Medical Bldg		
20. FILED J.P. Buckler Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/17 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Spontaneous abortion (Still Born)

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
✓

What test confirmed diagnosis?..... 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..... 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..... **See above**
Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Joseph M. Quinn** (Address) **Deputy Coroner**

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.

JUN 23 1938

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.