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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

88814

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2300

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bethesda Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 17

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3856 a McRee Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Forrest Thompson Spiva

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1942 (Year)

8. AGE: Years | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Forrest Spiva
13. Birthplace Fredrick Town, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Jessie Thompson
15. Birthplace Patton (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Forrest Spiva
(b) Address 3856a McRee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Fredrick Town, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 1:27 minute a. M.

21. I hereby certify that I attended the deceased from Feb 28, 1943, to March 9, 1943
that I last saw him alive on March 8th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intussusception Not Congenital

Due to

Due to

Other conditions Acute Upper Respiratory Infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Intussusception c̄ Gangrenous bowel

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. L. Collins (M. D. or other)
Address 4500 Olive 0 Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.