

FILED MAR 25 1948

Registration District No. **318**

Primary Registration District No. **1003**

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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:
MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 DAYS
(Specify whether)

In this community Over 75 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3973 CONNECTICUT AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Abraham Lincoln SPINKS

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Catherine

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

7. Birth date of deceased: March 8 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Madison Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Terminal RR (retired)

MOTHER FATHER

12. Name Unknown Spinks

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Louise Montfort

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Trachsel

(b) Address 3973 Connecticut St.

17. (a) Entombment (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 18 1948 (Date received local registrar)

J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18
year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 16
1948 to Mar 18 1948

that I last saw 1/22 alive on MAR 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death TERMINAL CONGESTIVE HEART FAILURE

Due to ARTERIOSCLEROTIC HEART DISEASE

Duration 20 YEARS

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

Signature J. F. Bredack (M. D. co-signer)

Address 1755 S. Grand Date signed 3-18

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 Richard W. Stovesand
Licensed Embalmer No. 4007
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.