

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39080

FILED NOV 24 1950

1003 State File No. 9554  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair East St. Louis 8130	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1740 Illinois 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3729 Morganford Road			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) MILTON WILLIAM SPILKER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1894 - Dec. 4	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 55	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor-Market Record		10b. KIND OF BUSINESS OR INDUSTRY St. L. Merchants Exc.		11. BIRTHPLACE (State or foreign country) E. St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Anthony R. Spilker		13b. MOTHER'S MAIDEN NAME Emma Schwartz		14. NAME OF HUSBAND OR WIFE Clara Spilker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY 488-05-3280		17. INFORMANT'S SIGNATURE OR NAME Clara Spilker - Editor, Market Record		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis arteriosclerosis.</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from Jan 1948, to Nov-9-1950, that I last saw the deceased alive on Nov-9-1950, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. White		23b. ADDRESS 508 N. Grand, St. Louis		23c. DATE SIGNED 11-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.	
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DATE REC'D BY LOCAL REG. NOV 10 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE R. Kuller		ADDRESS E? St. Louis, Ill.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. S. Hurren*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Mo.

**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.