

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39761

State File No.

318

1003

9811

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 5 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | d. STREET ADDRESS (If rural, give location) 1506 Mississippi Avenue | | | |

| | | | | |
|-------------------------------------|-----------------------|-----------------------|---------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CURNELL | b. (Middle) WILSON | c. (Last) SPELTS | 4. DATE OF DEATH (Month) (Day) (Year) November 4, 1951 |
|-------------------------------------|-----------------------|-----------------------|---------------------|---|

| | | | | | | | | |
|-------------|-----------------------|---|---------------------------------------|---------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH December 12, 1916 | 9. AGE (in years last birthday) 34 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 12 HRS. Min. |
|-------------|-----------------------|---|---------------------------------------|---------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|

| | | | |
|--|--|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Amer. Fixture Co. | 11. BIRTHPLACE (State or foreign country) Morehouse Missouri | 12. CITIZEN OF WHAT COUNTRY? |
|--|--|---|------------------------------|

| | | |
|--------------------------------------|---|------------------------------------|
| 13a. FATHER'S NAME William Spelts | 13b. MOTHER'S MAIDEN NAME Rena Groaing | 14. NAME OF HUSBAND OR WIFE Eva |
|--------------------------------------|---|------------------------------------|

| | | | |
|---|-------------------------|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Eva Spelts | ADDRESS 1506 Mississippi Avenue |
|---|-------------------------|---|------------------------------------|

| | | | |
|---|--|--|----------------------------------|
| 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) <u>Petainus, Pulmonary congestion; as a result of striking a splinter between his thumb and index finger</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>time and place could not be ascertained</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|--|----------------------------------|

| | | |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>be ascertained</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>E 93670</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:51 p.m., from the causes and on the date stated above.

| | | |
|--|--|------------------|
| 23a. SIGNATURE (Name or title) <u>Patrick E. Taylor Coroner</u> | 23b. ADDRESS <u>1300 Clark Street</u> | 23c. DATE SIGNED |
|--|--|------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>11-6-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rector, Arkansas</u> | 24d. LOCATION (City, town, or county) (State) |
|---|-----------------------------|---|---|

| | | | |
|--|---|---|---|
| DATE REC'D BY LOCAL REG. NOV 6 1951 | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> | ADDRESS <u>2301 Lafayette Avenue</u> |
|--|---|---|---|

157

Obener

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.....

A. J. Ferris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.