S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14812

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3729

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carbondale 8/20
d. STREET ADDRESS (If rural, give location): 511 S. Ash

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): W.
c. (Last): SPINDLOE

4. DATE OF DEATH (Month) (Day) (Year): 4/17/52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 12 Mar 1909
9. AGE (In years last birthday): 43 — If under 1 year: Months 1, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Laundry-Peerless
11. BIRTHPLACE (City and State or Foreign Country): England 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Francis E. Spindloe
13b. MOTHER'S MAIDEN NAME: Emily Penjilley
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 346-16-8894
17. INFORMANT'S SIGNATURE OR NAME: Francis E. Spindloe — ADDRESS: Carbondale

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MESENTERIC THROMBOSIS — 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) PORTAL THROMBOSIS OF ~~PARTAGANAL~~ ANASTOMASIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* PORTAL CIRRHOSIS C ESOPHAGICAL VARICES
ASPIRATION PNEUMONIA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 570.2

22. *I hereby certify that I attended the deceased from* 3/26/52, 19___, *to* 4/17, 1952, *that I last saw the deceased alive on* 4/17, 19 52, *and that death occurred at* 3:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley (Degree or title): MDO
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 Apr 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Carbondale, Illinois

DATE REC'D BY LOCAL REG.: APR 21 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Joe F. Van Natta MD — ADDRESS: Carbondale, Ill

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed No Embalmer.

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, fact should be so stated above.