

STANDARD CERTIFICATE OF DEATH

FILED MAY 1 - 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3695

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2623 Spruce	
3. NAME OF DECEASED (Type or Print) Buttler		c. (Last) Spraggins	
5. SEX F 3		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4	
6. COLOR OR RACE Negro		8. DATE OF BIRTH April 30, 1883	
9. AGE (In years last birthday) 68		10. MONTH (Day) (Year) April 18 1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (City and State or Foreign Country) Artesia, Miss.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Martin Spraggins		13b. MOTHER'S MAIDEN NAME Rachel Woods	
14. NAME OF HUSBAND OR WIFE Ida Woods 2623 Spruce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N O.	
16. SOCIAL SECURITY NO. N O.		17. INFORMANT'S SIGNATURE OR NAME Annie Bently	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Stomach with Metastasis to Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - generalized	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 157X		22. I hereby certify that I attended the deceased from 4-3, 1952, to 4-18, 1952, that I last saw the deceased office on 4-18, 1952, and that death occurred at 5:14 a. m., from the causes and on the date stated above.	
23a. SIGNATURE L. W. Harris M.D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 4-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11	
24b. DATE 4-23-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE B. K. Koonce	
DATE REC'D BY LOCAL REG. APR 19 1952		25. FUNERAL DIRECTOR'S ADDRESS 1221 N. Grand	

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed Clarence Crooks

Licensed Embalmer No. 475-S

P. O. Address 1221 N. Grand

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.