

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12874

State File No.

FILED APR 3 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 885

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

1. PLACE OF DEATH a. COUNTY St. Louis County, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN <i>North Hills</i>		c. CITY OR TOWN <i>St. Louis 4091 Berkeley City</i>	
c. LENGTH OF STAY (in this place) <i>Ab 1 yr.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Penn Nursing Home</i>		e. STREET ADDRESS (If rural, give location) <i>5921 Helen Berkeley City</i>	

3. NAME OF DECEASED (Type or Print) <i>Michael Spina</i>			4. DATE OF DEATH <i>Mar. 24, 1953</i>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 10, 1872</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired U.S.A.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Italy</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Gabriel Spina</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Baffara</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Spina</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mary Metzger, 5921 Helen</i>	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, ashenia, etc. It means the disease, injury, or complication which caused death. a	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
	*ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart disease</i>		
	DUE TO (c) <i>Arteriosclerotic dementia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>unknown</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>AT</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 22, 1952*, to *March 24, 1953*, that I last saw the deceased alive on *March 17, 1953*, and that death occurred at *2:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Lewes Littman MD</i>	23b. ADDRESS <i>8231 Clayton Rd. (17)</i>	23c. DATE SIGNED <i>3/24/53</i>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION <i>Burial</i>	24b. DATE <i>3/26/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Lucas Hunt-Lillian St. L.M.</i>
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DATE REC'D BY LOCAL REG. <i>3-24-53</i>	REGISTRAR'S SIGNATURE <i>Hubert R. Donohoe - M.P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan's Euclid at St. Louis.</i>	ADDRESS
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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.....
Signature of Student Embalmer

Signed *Robert L. Burkman*
Licensed Embalmer No. 3553

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.