

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26914**
6650

FILED JUL 31 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6650	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of G. Phillips				d. STREET ADDRESS (If rural, give location) 3233 Lawton ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest			b. (Middle) _____			c. (Last) Spain	
4. DATE OF DEATH (Month) (Day) (Year) July 4 1953		5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 15 1908		9. AGE (In years last birthday) 44		10. KIND OF BUSINESS OR INDUSTRY labor		11. BIRTH PLACE (State or foreign country) Mason Miss	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Emmanuel Spain			13b. MOTHER'S MAIDEN NAME Mary			14. NAME OF HUSBAND OR WIFE Blanch Spain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Blanch Spain ADDRESS 3855 Aldine			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination from puncture wound of Aorta inflicted with knife in the hands of one Robert Butler (col) arrested 240am July 4 1953 in front of 3060 Lawton II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21f. HOW DID INJURY OCCUR? E982X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4 53 240m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 240A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter H. Smith				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE July 11 53		24c. NAME OF CEMETERY OR CREMATORY Washington Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JUL 6 1953		REGISTRAR'S SIGNATURE Walter H. Smith		25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green		ADDRESS 4214 Delmar	

USE PREVIOUS EDITIONS OF THIS FORM. 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 _____

F. G. Green

Licensed Embalmer No. 5963

P. O. Address. 4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.