

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39258**
Registrar's No. **9870**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH

a. COUNTY none

b. CITY OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY _____

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 21 3121 Belle

3. NAME OF DECEASED

a. (First) Ella Nora

b. (Middle) _____

c. (Last) Spain

4. DATE OF DEATH (Month) (Day) (Year)
10-28-54

5. SEX F.

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 22 1870

9. AGE (In years last birthday) 84

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Jackson Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Boykins

13b. MOTHER'S MAIDEN NAME Dicy Brown

14. NAME OF HUSBAND OR WIFE Samuel Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Beatrice Spain

ADDRESS 3121 Belle

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction, Mechanical

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Adheolysis

INTERVAL BETWEEN ONSET AND DEATH Undet.

19a. DATE OF OPERATION 10-28-54

19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction, Mechanical

20. AUTOPSY? YES 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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 570.5

22. I hereby certify that I attended the deceased from 10-27, 1954, to 10-28, 1954, that I last saw the deceased alive on 10-28, 1954, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Clarence Avery (Degree or title) M.D.

23b. ADDRESS 2601 N. Whittier St.

23c. DATE SIGNED 10-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov 1, 1954

24c. NAME OF CEMETERY OR CREMATORY Oak Dale

24d. LOCATION (City, town, or county) (State) Jemay, Mo

DATE REC'D BY LOCAL REG. NOV 1 1954

REGISTRAR'S SIGNATURE Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE Cunningham - Moore

ADDRESS 2405 March

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4700tham*

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.