

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29171
Registrar's No. 7720

FILED SEP 6 1956

BIRTH NO. 160263-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital
STREET ADDRESS (If rural, give location) 24 2866 McNair 2240

3. NAME OF DECEASED (Type or Print)
a. (First) Debra b. (Middle) Lynn c. (Last) Spikes
4. DATE OF DEATH (Month) (Day) (Year) 8 16 56

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 8-16-56
9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min. 12 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Eugene Spikes
13b. MOTHER'S MAIDEN NAME Wilma Jean Weatherspoon
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Spikes, 2866 McNair, St. Louis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic ty
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 12 46

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776x
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 (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1956, to 8/17, 1956, that I last saw the deceased alive on 8/17, 1956, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Earl Smith
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 8-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 8-21-1956
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. AUG 20 1956
REGISTRAR'S SIGNATURE J. Earl Smith md
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN F.H., INC. 2301 Lafayette

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 Not Emb., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. G. Farris

Licensed Embalmer No. 338

P. O. Address St. Louis

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.