

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43930

FILED JAN 15 1957

318

1003

REGISTRATION DISTRICT NO. 318
PRIMARY REGISTRATION DISTRICT NO. 1003
REGISTRAR'S NO. 11841

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <i>St. Louis City Hosp</i> 905		STREET ADDRESS <i>5623 Vernon</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Bobie Lee Spraggins</i>		4. DATE OF DEATH Month Day Year <i>Dec 1 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3 Jan 1917 39</i>
9. AGE (In years last birthday) <i>39</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	11. BIRTHPLACE (City and state or country) <i>Columbus Mississippi</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Joseph Wallace</i>	
14. MOTHER'S MAIDEN NAME <i>Alsie Norman</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>	
16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT Address <i>Catherine Pryor 5621 Vernon</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of the heart</i> DUE TO (b) <i>suffered when shot with gun in hands of one, John Spraggins, husband of deceased in house</i> DUE TO (c) <i>at 5623 Vernon Avenue.</i>			INTERVAL BETWEEN ONSET AND DEATH
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>at 5623 Vernon Avenue.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I, Part II of Item 8) <i>shot in back, 5 p.m., December 21st, 1956.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>1115 p.m. 12 21 56</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>E981X</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>1150 P.</i> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or Title) <i>Robert M. Turner M.D.</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>12/5/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>28 Dec 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis - Co. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Reliable Funeral Sys. 1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 26 1956</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dissemination in Part I must be causally related. Coroner cannot certify to a death due to homicide.

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 *Paul V. Freeman*.....

Licensed Embalmer No. *X60*

P. O. Address *X524*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.