

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30042

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7305**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		d. STREET ADDRESS (If outside, give location) 1210 So. 9th St.	
Length of stay in lb 38		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Curtis Middle Larkin Last Spires Jr.		4. DATE OF DEATH Month Aug. Day 3, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1930
9. AGE (In years last birthday) 27		10. KIND OF BUSINESS OR INDUSTRY Roofing Contractor	11. BIRTHPLACE (City and state or country) Moody, Missouri.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing Contractor		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Curtis Larkin Soires Sr.		14. MOTHER'S MAIDEN NAME Violet Richey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Curtis Larkin Spires, Sr. Moody, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture of Skull; Subdural Hemorrhage of Brain;			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E9000. 21 DUE TO (c)			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suffered in fall down steps at 1210 So. 9th St. on August 3rd 1957.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature and circumstances in Part I or Part II, if applicable) fell down steps at 1210 So. 9th St. on August 3rd 1957.		
20c. TIME OF INJURY Hour, Month, Day, Year 8 3 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6554 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. [Signature]		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8/5/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-3-57	23c. NAME OF CEMETERY OR CREMATORY Moody Cemetery	23d. LOCATION (City, town, or county) (State) Moody, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MIG 5 57	
26. REGISTRAR'S SIGNATURE Carl Smith Mo			

- (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to cause of death.

1961 1 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *John J. Jones*
Licensed Embalmer No. 411

P. O. Address *Albany*

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.

