

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42643  
State File No. ....

FILED NOV 22 1957

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS - MO</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ST. LOUIS MO</b> COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS - MO</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS - MO</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>5544 Pershing</b>				STREET ADDRESS (If rural, give location) <b>121 5544 Pershing</b>			
3. NAME OF DECEASED (Type or Print) <b>LEO</b>		a. (First)		b. (Middle) <b>SPINKS</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>11</b>		(Day) <b>10</b>		(Year) <b>1957</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>11-19-1926</b>	
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR Months <b>11</b>		IF UNDER 18 HRS. Days <b>1956</b>		IF UNDER 18 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DALEVILLE MISS</b>		12. CITIZEN OF WHAT COUNTRY? <b>YES</b>	
13a. FATHER'S NAME <b>PANK SPINKS</b>		13b. MOTHER'S MAIDEN NAME <b>EVA. CLELLAND</b>		14. NAME OF HUSBAND OR WIFE <b>STELLA SPANKS WIFE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>825-48-2853</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>STELLA SPINKS 5544 Pershing</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Massive intra abdominal hemorrhage following gunshot wound of left side of abdomen perforating the left internal iliac artery inflicting a quarter inch hole at 5560 Pershing Ave.</b>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		19a. DATE OF OPERATION <b>11/10/57</b>				19b. MAJOR FINDINGS OF OPERATION <b>Wound just inside or proximal to umbilicus not of abdominal nature</b>	
21a. ACCIDENT OR SUICIDE (Specify) <b>Verdict</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Eggs</b>		21d. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10</b> , to <b>19</b> , that I last saw the deceased <b>living on</b> , 19 <b>330A</b> , and that death occurred at <b>330A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edward E. Smith</b>				23b. ADDRESS <b>1300 Cherokee</b>		23c. DATE SIGNED <b>11/13/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-15-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MERIDIAN, MISS.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>NOV 13 57</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Passion funeral home 3615 Easton</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1957

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.....  
*Leroy H. [Signature]*

Licensed Embalmer No. *4523*

P. O. Address *4251 N. Oakway*

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.