

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023774

STATE FILE NUMBER

FILED JUN 24 1958

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6016

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PEOPLES</b>		Length of stay in lb <b>1059</b>	d. STREET ADDRESS (If outside, give location) <b>5547 ETZEL</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SAM</b> Middle Last <b>SPIKES</b>		4. DATE OF DEATH Month <b>6</b> Day <b>9</b> Year <b>58</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-19-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARTENDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TAVERN</b>	9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11a. FATHER'S NAME <b>UNKNOWN</b>		11b. MOTHER'S MAIDEN NAME <b>LOUISE UNKNOWN</b>	11c. NAME OF HUSBAND OR WIFE <b>ESTHER SPIKES</b>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service). <b>NO</b>		12b. SOCIAL SECURITY NO. <b>498-05-7787</b>	12c. INFORMANT Address <b>MRS. ESTHER SPIKES 5547 ETZEL</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart Failure</b> DUE TO (b) <b>Constrictive pericarditis</b> DUE TO (c) <b>Pulmonary fibrosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>525X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 <b>April 58</b> to <b>June 9 58</b> and last saw him alive on <b>June 8 58</b> Death occurred at <b>7a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Clyde Blake M.D.</b>		22b. ADDRESS <b>706 Walton</b>	
22c. DATE SIGNED <b>6-9-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6-13-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>
24. FUNERAL DIRECTOR <b>Bennie Lane 3103 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 11 58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <b>msc</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Locality, condition, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *W. CLAUDE GORDON* .....

Licensed Embalmer No. *3489* .....

P. O. Address *4575 Abeline* .....

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.