

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED 15 APR 4 1960

60-013255

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 3181** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>			Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2336 Whitmore</b>
3. NAME OF DECEASED (Type or print) First <b>SHELBY</b> Middle <b>SPURLING</b> Last <b>SPURLING</b>			4. DATE OF DEATH Month <b>MAR.</b> Day <b>17</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>10/10/98</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Spurling</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Yowell</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Spurling</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>405269388</b>		17. INFORMANT <b>Etta Spurling, 2336 Whitmore, St. Louis</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Mattine upper &amp; I know here</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Cerebral aneurysm</b>		
			DUE TO (c) <b>Laennec's cirrhosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <b>581.1</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>MAR. 3, 1960</b> <b>MAR 17, 1960</b> and last saw her/him alive on <b>MAR. 17, 1960</b> Death occurred at <b>8:25 pm</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Describe or title) <b>R. D. Parker, M.D.</b>			22b. ADDRESS <b>1515 LAFAYETTE AVE.</b>		22c. DATE SIGNED <b>3/17/60</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/18/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tyler Creek</b>		23d. LOCATION (City, town, or county) (State) <b>Campbellsville, Ky.</b>	
24. FUNERAL DIRECTOR <b>McLaughlin, 2301 Lafayette, St. Louis</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 18 1960</b>		26. REGISTRAR'S SIGNATURE <b>Coal Smith, M.D.</b>	

(Revised Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Chik

Licensed Embalmer No. 455

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.