

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046885

FILED DEC 18 1961

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11561

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #41</u>		d. STREET ADDRESS <u>5087 Kensington</u>	

3. NAME OF DECEASED (Type or print) First <u>EVERETT</u> Middle <u>SPIKENER</u> Last <u>SPIKENER</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>8,</u> Year <u>1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>SEPARATED</u>	8. DATE OF BIRTH <u>July 16, 1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK BINDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RINGMASTER</u>	9. AGE (last birthday) <u>50</u>
13a. FATHER'S NAME <u>JOHN SPIKENER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CROFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>MYRTLE WRIGHT (DAUGHTER) 5087 KENSIN</u> <u>-GTON</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS</u> DUE TO (b) <u>CARCINOMA LEFT BREAST</u> DUE TO (c) <u>170X</u> 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
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>11/21/61</u> to <u>12/8/61</u> and last saw her/him alive on <u>12/8/61</u> Death occurred at: <u>8:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. E. Smith M. D.</u>	22b. ADDRESS <u>1515 LAFAYETTE AVE</u>
22c. DATE SIGNED <u>12/8/61</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS COUNTY</u>
24. FUNERAL DIRECTOR <u>GRANT JOHNSON</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 12 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loed Smith. M. D.</u>	
24. ADDRESS <u>4352 WASHINGTON BLVD.</u>			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. A. Hean

Licensed Embalmer No. 2963

P. O. Address 4214 [unclear]

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.