

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-008780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2488

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Louis</u>		c. CITY OR TOWN <u>Saint Louis</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4828 Penrose Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>4828 Penrose Ave.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last <u>Daniel L. Springfield</u>			Month Day Year <u>February 27, 1962</u>
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>Male</u>	<u>Negro</u>		<u>3/17/1902</u>
9. AGE (last birthday)		IF UNDER 1 YEAR IF UNDER 24 HR	
<u>59</u>		Months	Days
		Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
<u>Chauffeur</u>		<u>Private Family</u>	<u>Providence, Ky.</u>
12. CITIZEN OF WHAT COUNTRY		<u>U. S. A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>Louis Springfield</u>		<u>Edith Baker</u>	<u>Gertrude Springfield</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		16. SOCIAL SECURITY NO.	17. INFORMANT Address
<u>No</u>			<u>4828 Penrose</u>
18. CAUSE OF DEATH (Enter only one cause per line)		17. INFORMANT Address	
PART I. DEATH WAS CAUSED BY:		<u>Mrs. Gertrude Springfield</u>	
IMMEDIATE CAUSE (a)		<u>FAR ADVANCED CANCER OF LUNG.</u>	
DUE TO (b)		<u>8 MOS.</u>	
DUE TO (c)		<u>163x</u>	
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.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ to _____ and last saw him alive on <u>ABOUT 6 MOS. AGO</u>		Death occurred at <u>6:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<u>Richard W. Gore M.D.</u>		<u>52 MARYLAND PLAZA (8)</u>	<u>3/2/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>3-5-62</u>	<u>Washington Park Cemetery</u>	<u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Metropolitan Funeral System, Inc.</u>		<u>5010 Enright</u>	<u>Earl Smith, M.D.</u>
		<u>MAR 2 1962</u>	

USE BLACK INK OR TYPEWRITER RIBBON

O.K.
Helen L. Taylor
Coroner 3-20-62

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave.

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.