

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

=62-008781

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. _____ Registrar's No. 2577

FILED MAR 15 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
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90	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION	
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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 St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5820 So. Compton Av.,		d. STREET ADDRESS (If outside, give location) 5820 So. Compton Av.	
3. NAME OF DECEASED (Type or print) First GRACE Middle S Last SPROSS		4. DATE OF DEATH Month March Day 6 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/10/1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Nickolaus Spross, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT (Daughter) Address Mrs. Minnie Washburn 5820 So. Compton Av.,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 420.0			INTERVAL BETWEEN ONSET AND DEATH 1 hour 5 years
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 checked="" 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 11-29-59 to 3-6-62 and last saw her ^{her} alive on 3-3-62 Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. Jones MD (Degree or title)		22b. ADDRESS 3616 S. Bldwy; St. Louis	22c. DATE SIGNED 3-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/1962	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery St. Louis, Missouri	23d. LOCAL REG. (City, town, or county) (State)
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18 Missouri		25. DATE RECD. BY LOCAL REG. MAR 6 1962	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Joe B. Perry*

Licensed Embalmer No. 4249
2942 Meramec St.,
P. O. Address St. Louis, 18 Missouri

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.