N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 12 1938

23877
Do not use this space.

791
1003
6571

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. Registered No.

2. PRINT FULL NAME Emmet George Spriggs 162
(a) Residence, No. 4442a CoteBrillante St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Spriggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk
7. AGE YEARS Abt 53 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Packing House
10. Date deceased last worked at this occupation (month and year) July 5, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Tenn

FATHER
13. NAME Anderson Spriggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mattie Spriggs 4442a Cotebrillante
18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland Tenn. DATE July 24th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkins Bros 3644 Finney Ave
20. FILED AUG 22 1938 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21- 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1938, to 7-21, 1938
I last saw him alive on 7-21, 1938. Death is said to have occurred on the date stated above, at 4:50 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, bilateral	7-12-38
Gangrene of abdominal wall	7-8-38
Other contributory causes of importance:	
Appendicitis, acute	7-8-38

Name of operation appendectomy c̄ drainage 7-11-38
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Vernon Lindmark, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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, Louis V. Atkins, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed: Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.