

FILED MAR 13 1944

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2085**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
220 N. Kingshighway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No 220 N. Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Charlotte M. T. Spink  
3. (b) If veteran, name war..... 3. (c) Social Security No. 491-14-8985

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1st  
year 1944 hour 3 minute 20 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife. Chas. C. Spink 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 29th, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1942 to March 1st, 1944  
that I last saw her alive on March 1st, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 7 2 hr. min.

Immediate cause of death..... Tuberculosis Duration 48 hours  
Due to Chronic Interstitial Nephritis 27+  
Due to trauma changes

9. Birthplace St. Louis (City, town, or county) 0 No 1 (State or foreign country)

Other conditions midal resurgitation?  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home  
Industry or business.....  
11. Name John G. Taylor  
13. Birthplace England (City, town, or county) (State or foreign country)  
14. Maiden name Alice?  
15. Birthplace England (City, town, or county) (State or foreign country)

Major findings:  
Of operations none made  
Of autopsy none made  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. L. Christy  
(b) Address 7200 Greenway Blvd  
17. (a) Entombment (b) Date thereof 3/24  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home/on farm, in industrial place, in public place?

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6633 Clayton Road  
19. (a) MAR 2 1944 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature J. F. Bueck (M. D. or other) 0  
Address 121 1/2 N. 9th St. Date signed 2/1/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER  
Christy  
Taylor

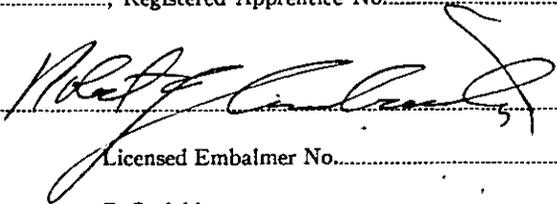
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**STATEMENT BY LICENSED EMBALMER**

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

Signed.....

  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**

# Robert J. Ambruster

## Funeral Directors

Clayton Road at Concordia Lane

Saint Louis



#17

Division of Vital Statistics,  
Municipal Courts Building,  
Saint Louis 3

Gentlemen:

It has been brought to my attention that my Mother's date of birth was inadvertently ~~mistated~~ <sup>misstated</sup> in the certificate of death filed with your department, <sup>Charlotte</sup> viz: Marie Taylor Spink, who passed away at her residence, The Park Plaza Hotel, March 1, 1944.

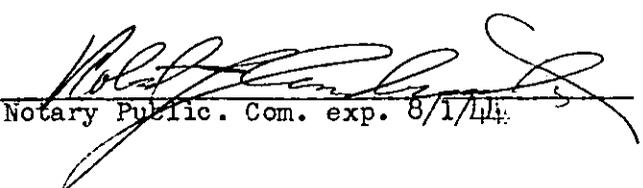
The correct date of birth should have been July 29, 1870 and I will appreciate it if you will correct your records accordingly.

Very truly yours,

*Mrs. Freddie D. Christy*  
*my mother's mother maiden name was*  
*Alice Jackson*

State of Missouri  
City of St. Louis

Subscribed and sworn to before me a Notary Public this 18th day of March, 1944.

  
Notary Public. Com. exp. 8/1/44.

5773