

10679

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2835

No. 300

10-48

FILED APR 8 1949

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>2242 Spruce</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>2242 Spruce</u> b. COUNTY <u>Missouri</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2242 Spruce 1</u>				d. STREET ADDRESS (If rural, give location) <u>2242 Spruce</u>			
3. NAME OF DECEASED a. (First) <u>Enoch</u>			b. (Middle)		c. (Last) <u>Spinks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 25 '49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 15, 1882</u>	9. AGE (in years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	11. UNDER 2 HRS. Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Spinks</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Spinks</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie W. Spinks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-5015</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mamie Spinks 2242 Spruce</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>516</u> <u>177X</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 25, 1948</u> , to <u>March 25, 1949</u> , that I last saw the deceased alive on <u>March 22, 1949</u> , and that death occurred at <u>3:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Merle B. Henneford M.D.</u>			23b. ADDRESS <u>4503 A Easton</u>		23c. DATE SIGNED <u>3-28-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Hickson</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis, County.</u>		
DATE REC'D BY LOCAL <u>MAR 29 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Wade Granberry, 4202 Finney</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leroy W. Gannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern 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 this body is not embalmed, fact should be so stated above.