

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3019
43

BIRTH NO. 31543-50 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If rural, give location) 6836 Gravois Ave.		2029	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) MICHAEL		
c. (Last) SPIRK			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH May 18, 1950		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months Days 7 15	
IF UNDER 1 YEAR Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James W. Spirk		13b. MOTHER'S MAIDEN NAME Wilma Brune		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Spirk 6836 Gravois Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <i>Left Lobe Pneumonia</i>		DUE TO (c) <i>Virus Enteritis</i>		<i>1 day</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>				<i>3 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>571.0</i>	
22. I hereby certify that I attended the deceased from <i>Dec 31st 1950</i> to <i>Jan 3, 1951</i> , that I last saw the deceased alive on <i>Jan 2, 1951</i> and that death occurred at <i>2:30A m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Walter S. ...</i>		23b. ADDRESS <i>4617 Wabasha</i>		23c. DATE SIGNED <i>1/3/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 5, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
24d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>		24e. (State)			
DATE REC'D BY LOCAL REG. <i>JAN 3 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Rosater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser 4228 S. Kingshighway Bl.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

1911 W. 28th Ave.
C.

me

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.