

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 25325
Registrar's No. 6036

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis		c. LENGTH OF STAY (in this place) 20 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Spikner		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1951	
5. SEX male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 2, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Hammons, Miss.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Spikner		13b. MOTHER'S MAIDEN NAME Bennie Ferguson	
14. NAME OF HUSBAND OR WIFE Annie Spikner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Spikner 4329 Aldine ave.	
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) Hypertensive Cardio Vascular Disease Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undet. DUE TO (c) Undet. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H43X		22. I hereby certify that I attended the deceased from 7-1-51 to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 4:15 a.m. from the causes and on the date stated above.	
23a. SIGNATURE Lorenzo Harris M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED July 5, '51		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE July 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, county Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole street	
DATE REC'D BY LOCAL REG. JUL 6 1951		REGISTRAR'S SIGNATURE J. B. Laster	

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

Groom

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.