

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26358

State File No. _____

FILED JUL 31 1952

318

1003

Registrar's No. 7117

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____							
b. CITY OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST LOUIS</u>		2119					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>11 4379A Cook</u>							
3. NAME OF DECEASED a. (First) <u>Marie</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>Spriggs</u>					
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>23</u>		(Year) <u>1952</u>					
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-30-1892</u>					
9. AGE (in years last birthday) <u>60</u>		10. MONTHS _____		11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME KEEPER</u>			11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>					
13a. FATHER'S NAME <u>WILEY BROWN</u>			13b. MOTHER'S MAIDEN NAME <u>CARRIE</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN T. SPRIGGS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John T. Spriggs</u> ADDRESS <u>4379 Cook Ave</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				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Carcinoma of Colon with Metastases to Liver</u>				DUPLICATE OF (b) <u>Undetermined</u>				Undet.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____							
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153x</u>							
22. I hereby certify that I attended the deceased from <u>7-16</u> , 19 <u>52</u> , to <u>7-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>52</u> and that death occurred at <u>4:05a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Wm P. Rice</u> (Degree or title) <u>M. D. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>				23c. DATE SIGNED <u>7-23-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVABLE</u>		24b. DATE <u>7-26-52</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>5500 Brown RD. St Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>JUL 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Bruce</u> ADDRESS <u>4469 Washington</u>					

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

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 Frederick P. Stark

Signed.....
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.