

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44345

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2958	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, write RURAL and give township) AIRPORT TOWNSHIP		c. LENGTH OF STAY (in this place) 6 MO.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH SANATORIUM				d. STREET ADDRESS (If rural, give location) 2722 N. 10th Street 1			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)	
a. (First) Ellen		b. (Middle)		c. (Last) Spiva		6. DATE OF DEATH (Month) (Day) (Year) 12. 23 54	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 19, 1886	
9. AGE (In years last birthday) 68		10. MONTHS (11) 4		11. BIRTHPLACE (State or foreign country) England 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home - Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		13a. FATHER'S NAME Bernard Phillips		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Morris Spiva		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. SOCIAL SECURITY NO. Unknown		16. INFORMANT'S SIGNATURE OR NAME Mr. Morris Spiva-2722 N. 10th St.	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		II. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES				21. DATE OF OPERATION 7200	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)				21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
DUE TO (c)		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		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 Oct. 23, 1953, to Dec. 23, 1954, that I last saw the deceased alive on Dec. 23, 1954 and that death occurred at 9:15 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gray W. Jambry, M.D.				23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 12/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-27-54		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 12-23-54		REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

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: *John P. Quinlan*

Licensed Embalmer No. *3871*

P. O. Address. *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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