

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31516

State File No. ....

FILED SEP 29 1955

BIRTH NO. 72254-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7841

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>JEFFERSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Pine Bluff</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
e. STREET ADDRESS (If rural, give location) <u>2002 E. 8th</u>		4025					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenda</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Spriggs</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 55</u>		5. SEX <u>F</u>					
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>		8. DATE OF BIRTH <u>9 5 55</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>		IF UNDER 24 HRS. Min. <u>15</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Harvey Earl Spriggs</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Adelia Kliener</u>			
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)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Spriggs</u>		ADDRESS <u>Pine Bluff, Ark</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>Pulmonary atelectasis</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. <u>Prematurity 32 weeks</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>9/5, 1955</u> , to <u>9/6, 1955</u> , that I last saw the deceased alive on <u>9/5, 1955</u> , and that death occurred at <u>8:25 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh R. Smith M.D.</u>		(Degree or title)		23b. ADDRESS <u>607 N. Grand</u>			
23c. DATE SIGNED <u>9-6-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/7/55</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Schnur</u>			
DATE REC'D BY LOCAL REG. <u>SEP 7 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		ADDRESS <u>3125 Lafayette Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 22 1957

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..

*No Embalming*

Student.....  
Signature of Student Embalmer

Signed.....  
*E. J. Schurr*

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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