

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11146-62-044904  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

**FILED** NOV 30 1962

VS 300	DATE AMENDED	DOCUMENT
Rev. 4/59		
1		
2 20		
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4 2		
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11		
12 61-0	INSTEAD OF	
13		
61	SHOULD READ	
	BY AFFIDAVIT OF	

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis  
d. STREET ADDRESS (If outside, give location) 1202A Temple

Length of stay in hospital 2 1/2 days  
11 hrs - 28 min

Inside Limits: Yes  No

Reside on Farm: Yes  No

3. NAME OF DECEASED (Type or print)  
First Juan Middle Alberto Last Spain

4. DATE OF DEATH  
Month September Day 8 Year 1962

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH Sept. 5, 1962 9. AGE (last birthday) 2 days 11 hrs. 28 min

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HR: Hours \_\_\_\_\_ Min. \_\_\_\_\_

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 country) St. Louis, Mo.  
12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME William Matt Spain 13b. MOTHER'S MAIDEN NAME Shirley Margie Brinkley  
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. \_\_\_\_\_ 17. INFORMANT Shirley Spain Address 1202A Temple, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) PREMATURITY - 2<sup>nd</sup> log.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 776x

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 2 days  
11 hrs. 28 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY \_\_\_\_\_ Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 9/5/62 to 9/8/62 and last saw her/him alive on 9/8/62  
Death occurred at 9/8/62 10:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melton J. Fujita, M.D. 22b. ADDRESS 1465 So. Grand (A) 22c. DATE SIGNED 9/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 23b. DATE 11-30-1962 23c. NAME OF ANATOMICAL OR CREMATORIAL BOARD ST. LOUIS UNIVERSITY 23d. LOCATION (City, town, or county) ST. LOUIS, Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 4104-06 Manchester 25. REGISTRAR'S SIGNATURE Adant Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

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.