

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration-District No. 317 Primary Registration District No. 541 Registrar's No. 30004812 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002

24043

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>DOA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co Hospt.</u>		d. STREET ADDRESS (If outside, give location) <u>6455 Wells Ave.</u>	
3. NAME OF DECEASED (Type or print) <u>Ethel A/K/A Esco Spoon</u>		4. DATE OF DEATH Month <u>1</u> Day <u>24</u> Year <u>65</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Labor</u>	11. BIRTHPLACE (City and state or country) <u>Ill.</u>
13a. FATHER'S NAME <u>Henry Spoon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarrh</u>	14. NAME OF HUSBAND OR WIFE <u>Dellia Spoon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> *****		17. INFORMANT Address <u>Helen Schanzle 7529 Ellis Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary</u>			INTERVAL BETWEEN ONSET AND DEATH <u>MOS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>DOA Co. Hosp. 10:31 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond Hand</u> (Degree or title) Coroner		22b. ADDRESS <u>Clayton, Missouri</u>	22c. DATE SIGNED <u>1/30/65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-28-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	23d. LOCATION (City, town, or county) <u>St. Louis Co, Mo</u> (State)
24. FUNERAL DIRECTOR <u>J.W. Clark Funeral Home</u>	ADDRESS <u>7400 Page</u>	25. DATE RECD. BY LOCAL REG. <u>1-28-65</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>

000443

St. Louis Co. Health Dept.

St. Louis

Missouri

Clyton

D O C

Welfeton

St. Louis Co. Health Dept.

X

2422 Wells Ave.

Hotel A/V/A Baco

Spoon

1-24-22

XX

1894

White

Male

General Laborer

III

USA

Factory

Henry Spoon

Barrin

UMA

Della Spoon

422 16 2822 Helen Schenck 1822 - 112 Ave.

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. 4511

P. O. Address St. Louis, Mo.

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.

L. W. O'Brien Funeral Home 1400 Page