

FILED DEC 15 1942

Registration District No. **818**

Primary Registration District No. **1002**

Registrar's No. **10233**

1. PLACE OF DEATH:

(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **4 Months.**  
(Specify whether  
In this community **30 Years.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **96**  
(c) City or town **Maplewood.** **5 N.R.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7614 Flora Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **/** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Nancy A. Spinker.**

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex. **F.** 5. Color or race. **W.** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **William H. Spinker.** 6. (c) Age of husband or wife if alive. **67** years

7. Birth date of deceased. **Unknown 1889**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **Unknown.** Days **4** If less than one day hr. min.

9. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business.

12. Name **Anthony Burghardt.**

13. Birthplace **Hungary.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bleker.**  
**Hungary.**  
(City, town, or county) (State or foreign country)

15. Birthplace **Hungary.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R.C. Brinkman**

(b) Address **208 No. Broadway.**

17. (a) **Burial.** (b) Date thereof. **12-9-42.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Calyvary Cemetery.**

18. (a) Signature of funeral director. **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **DEC 8 1942** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th.**  
year **1942** hour **1** minute **05** P.M.

21. I hereby certify that I attended the deceased from **Aug 3** 19**41** to **Dec 6** 19**42**  
and that death occurred on the **6** day and hour stated above.

Immediate cause of death. **Pulmonary embolism** Duration **19 42**

Due to **Phlebitis (rt leg)**

Due to **Rt renal tumor, non-malignant**

Other conditions. (Include pregnancy within 3 months of death) **none**

Major findings: **Pyonephrosis Rt kidney**  
Of operations: **Rt renal tumor**  
Of autopsy: **none at autopsy**  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature **Arthur J. Donnelly** (M. D. or other) **0**  
Address **3840 Lindell Blvd** Date signed **12/7/42**

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

MOTHER FATHER

FEB 8 1949

M. W. H. ...  
Dr. Percy Kipphut

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.