

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI**, (b) County \_\_\_\_\_  
 (c) City or town **ST. LOUIS**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4814 PALM ST.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John F. Spangler**

3. (b) If veteran, **SPANISH-AMERICAN** name war **World #1**  
 (c) Social Security No. **489-22-1200**

4. Sex **MALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BLANCHE SPANGLER**  
 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **JULY 21 - 1878**  
 (Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **8**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **LABORER**

11. Industry or business **CITY OF ST. LOUIS**

MOTHER FATHER  
 { 12. Name **JOHN F. SPANGLER**  
 { 13. Birthplace **LOUISVILLE, KENTUCKY**  
 { 14. Maiden name **MARY M. FIGG**  
 { 15. Birthplace **LOUISVILLE, KENTUCKY**

16. (a) Informant **MRS. BLANCHE SPANGLER**  
 (b) Address **4814 PALM ST. ST. LOUIS, MO.**

17. (a) **BURIAL** (b) Date thereof **JULY 3 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NATIONAL CEM. JEFFERSON BRICKS**

18. (a) Signature of funeral director **CALVIN F. FEUTZ FUNERAL HOME**  
 (b) Address **4828 NATURAL BRIDG BLVD.**

19. (a) **JUL 1 1944** (b) **J. F. Boudich**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29th**  
 year **1944** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 26th**  
 \_\_\_\_\_, 19 **44** to **June 29th**, 19 **44**  
 that I last saw h. **im** alive on **June 29th**, 19 **44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**  
**arteriosclerotic heart disease**  
 Due to **Chronic asthma**

Due to **perforated gongyevon appendix**  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations **same**  
 Of autopsy **same**  
**12/1/1**

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? \_\_\_\_\_ (c) Means of injury **C**  
 23. Signature **W. J. Verda** (M, D or other) **6/29/44**  
 Address **1515 Lafayette** Date signed

000  
 6 17

Duration

**24hr**

**15yr**

**30hr**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*John A. Mlunas*

Licensed Embalmer No. *4186*

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