

No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
S.W. 3561.

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21711-4916**
Registrar's No. **4916**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>Saint Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>000</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, 17</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2-4816 Allemania Ave. 10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4816 Allemania Ave. /</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u> b. (Middle) <u>E.</u> c. (Last) <u>Spannagel</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 2, 1883</u>		9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR: Months Days if UNDER 4 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William G. Schuster</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Stark</u>	
14. NAME OF HUSBAND OR WIFE <u>Martin M. Spannagel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>492-24-4871B</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin M. Spannagel</u> ADDRESS <u>4816 Allemania Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart disease</u> <u>29 yrs</u> DUE TO (c) <u>Arterial Hypertension</u> <u>27 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>9300</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>HIT BY X</u>		22. I hereby certify that I attended the deceased from <u>Jan 1, 1947</u> , to <u>June 4, 1949</u> , that I last saw the deceased alive on <u>June 2, 1949</u> , and that death occurred at <u>7 P. m.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B. J. Mc Ginnis M.D.</u>		23b. ADDRESS <u>16 Hampton Valley Plaza</u>	
23c. DATE SIGNED <u>6/4/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 8, 1949.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>7901 Gravois Ave. Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein Bros.</u> ADDRESS <u>6409 Gravois Ave</u>	
DATE REC'D BY LOCAL REG. <u>JUN 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Forster</u>	

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.

Signed _____

Henry M. Brammer

Signed _____

Student Embalmer

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.