S. No. 300
10.48

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7210

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 372

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carsonville
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Penn Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St Louis~~ Carsonville 419
d. STREET ADDRESS (If rural, give location) 3213 Werder Drive

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) c. (Last) Spalding

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-24-1858
9. AGE (In years last birthday) 91 — If under 1 year: Months 10 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unkown
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unkown
13b. MOTHER'S MAIDEN NAME Unkown
14. NAME OF HUSBAND OR WIFE Hattie Manthei

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs John C Seiler ADDRESS 6024 Sutherland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive & Arteriosclerotic cardiovascular renal disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS 1) Deafness 2) Hypertensive encephalopathy — 442X
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 ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1949, *to* Feb 11, 1950, *that I last saw the deceased alive on* Feb 11, 1950, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23a. SIGNATURE Lewis Littmann MD (Degree or title)
23b. ADDRESS 8231 Clayton Rd (17)
23c. DATE SIGNED 2/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Creamation
24b. DATE 2-13-50
24c. NAME OF CEMETERY OR CREMATORY Valhalla Creatory
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. FEB 12 1950
REGISTRAR'S SIGNATURE Herbert L. Donke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Wingbermuehle ADDRESS 3819 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed George J Hingbermuehle Jr

Licensed Embalmer No. 4611

P. O. Address St Louis Mo

Signed.....
Student Embalmer

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.