

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10657
Registrar's No. 2085

318

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 10657 | | Registrar's No. 2085 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, State Hospital</u> | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | c. LENGTH OF STAY (If this place) <u>6 Weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | <u>2139</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u> | | | | | 4. STREET ADDRESS (If rural, give location) <u>5300 Arsenal St</u> | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> | | | b. (Middle) <u>S</u> | | c. (Last) <u>Spreen</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1951</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug 5, 1877</u> | | 9. AGE (In years last birthday) <u>73</u> if under 1 year: Months <u>6</u> Days <u>26</u> if under 24 hrs. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafeteria</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Andreas F. Sandau</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Dorthea Luhng</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Charles F. Spreen</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>497-16-5338</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. M. G. Puffer</u> | | | | | ADDRESS <u>1476 E. Deland</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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2/22/51</u> | |
| 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) | | | | | | |
| 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>H20</u> | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb. 22, 1951</u> , to <u>Mar. 3, 1951</u> , that I last saw the deceased alive on <u>Mar. 3, 1951</u> , and that death occurred at <u>1:20 p. m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>J. Lowry Brown, M.D.</u> | | | | | 23b. ADDRESS <u>5400 Arsenal St.</u> | | | 23c. DATE SIGNED <u>3/3/51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 6, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. MO.</u> | | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 5 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Jedler 5967 N. Florissant</u> | | | | | | |

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

will

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 William G. Brubholz

Signed
Student Embalmer

Licensed Embalmer No. 2110

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.