

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11451

State File No. ....

FILED APR 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>MEXICO</u> c. LENGTH OF STAY (in this place) <u>12 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS, COUNTY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES 194007</u> d. STREET ADDRESS (If rural, give location) <u>950 SONDERS DRIVE 1</u>				
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>VERONICA SPATOLA</u> c. (Last) <u>SPATOLA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13-1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>June 28, 1949</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>ANTHONY SPATOLA</u>		13b. MOTHER'S MAIDEN NAME <u>WANDA BYARS</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ANTHONY SPATOLA</u> ADDRESS <u>WEBSTER GROVES 19, MO</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>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1st &amp; 2nd degree Burns of R. side of neck, shoulder, arm</u> DUE TO (c) <u>gas burn, upper part of chest and d. fingers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>40 hrs</u> <u>5/16</u> <u>16</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Township</u> (COUNTY) <u>SAITRIVER</u> (STATE) <u>Audrain Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4-11-51 11:00 a.m.</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Spilled hot coffee on herself</u>						
22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>51</u> , to <u>4/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thos. L. Sawyer, M.D.</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>4/13/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		
DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u> ADDRESS <u>Mexico Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

043

Date Received: APR 16 1951  
DISTRICT HEALTH OFFICE #2  
District File Number #-51-727  
Date Filed: APR 16 1951

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**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 \_\_\_\_\_

*Clarence A. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2569

P. O. Address Mexico, 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.