

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14767

318

1003

State File No. ....

Registrar's No. 3979

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>3979</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				2. STREET ADDRESS (If rural, give location) <b>1607 N 19th Str.</b>		0			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Leo</b> c. (Last) <b>Spellman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-25-51</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>April 2-1890</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>23</b>	IF UNDER 4 HRS. Hours <b>09</b>	IF UNDER 48 MIN. Min. <b>00</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouse Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>			
13a. FATHER'S NAME <b>John Spellman</b>			13b. MOTHER'S MAIDEN NAME <b>Margarett</b>			14. NAME OF HUSBAND OR WIFE <b>Decased</b>			
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 ADDRESS <b>John Spellman 1807 East Prarie</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage, RT Internal Carotid 4/22/51</b> <b>Left Hemiplegia</b> DUE TO (c) <b>Hypertensive Cardio-Vascular Dec. 6 months</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>		
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) <b>St. Louis 7 Mo</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H43X</b>					
22. I hereby certify that I attended the deceased from <b>4/22/51, 1951</b> , to <b>4/25/51, 1951</b> , that I last saw the deceased alive on <b>4/25/51, 1951</b> , and that death occurred at <b>3:05 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Anthony J. Vitale M.D.</b>				23b. ADDRESS <b>3861 St. Louis Ave</b>		23c. DATE SIGNED <b>4/26/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/28/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>			
DATE RECORDED BY LOCAL REGISTRAR'S SIGNATURE <b>APR 27 1951 J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Central Funeral Home 1841 Cass ave</b>							

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. *4108*

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.