

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25788**

FILED JUL 27 1951

REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2722

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy, Mo. 4171	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Sullivan Nursing Home		d. STREET ADDRESS (If rural, give location) 3745 St. Ann's Lane.	
3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) H c. (Last) Spoeneman.			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 4-1888
9. AGE (In years last birthday) 63.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Nurse	11. BIRTHPLACE (State or foreign country) Oakdale Illinois.
10b. KIND OF BUSINESS OR INDUSTRY self		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August E. Spoenemann		13b. MOTHER'S MAIDEN NAME Caroline Meyer	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Walter H. Spoenemann 5031 N.
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 DIRECTLY LEADING TO DEATH* (a) Multiple sclerosis Kingshighway INTERVAL BETWEEN ONSET AND DEATH 5 years	
ANTECEDENT CAUSES none		DUE TO (b) none	
DUE TO (c) none		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 345X	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-1-46</u> , 19 <u> </u> , to <u>7-21-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-21-51</u> , 19 <u> </u> , and that death occurred at <u>8:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Spoenemann		23b. ADDRESS 1506 St. Louis	23c. DATE SIGNED 7-21-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-23-51	24c. NAME OF CEMETERY OR CREMATORY Pilot Knob	24d. LOCATION (City, town, or county) (State) Oakdale Illinois.
DATE REC'D BY LOCAL REG. 7-22-51	REGISTRAR'S SIGNATURE Herbert R. Lomb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS U. 2223 St. Louis Ave.	

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 P. Burkholz

Licensed Embalmer No. 1674

P. O. Address 2123 S. Lewis Ave

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.