

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

26355

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6508**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 4112 W Pine Blvd			d. STREET ADDRESS (If rural, give location) 4305 Forest Park Blvd.		
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) August	c. (Last) Spanholtz		4. DATE OF DEATH (Month) (Day) (Year) 7-4-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-16-1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ulrich Spanholtz		13b. MOTHER'S MAIDEN NAME Mary Koltman		14. NAME OF HUSBAND OR WIFE Nevada Spanholtz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 494-01-1090	17. INFORMANT'S SIGNATURE OR NAME <i>Nevada Spanholtz</i>		ADDRESS 323 A? Cherokee St
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
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? 4222			
22. I hereby certify that I attended the deceased from June 5, 1952 to July 4, 1952 , that I last saw the deceased alive on July 4, 1952 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. H. Rew M.D.</i>			23b. ADDRESS 1446 So. Grand		23c. DATE SIGNED 7-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-7-1952	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) 7900 Gravois Ave Mo		
DATE REC'D BY LOCAL REG. JUL 7 1952	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ziegler Bros</i> 6409 Gravois Ave		

(Licensed Embalmer's Statement on Reverse Side)

GR 7362
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 Van M. Simmons

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

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.