

No. 300
10:48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30235

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2205

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) University City c. LENGTH OF STAY (In this place) 12 yrs
c. CITY (If outside corporate limits, write RURAL and give township) University City 70

d. FULL NAME OF HOSPITAL OR INSTITUTION 6644 WASHINGTON BLVD.
d. STREET ADDRESS (If rural, give location) 6644 Washington

3. NAME OF DECEASED
a. (First) Jacob b. (Middle) R. c. (Last) Spieldoch
4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 5, 1874 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Clothing
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isidor 13b. MOTHER'S MAIDEN NAME Jennie Reinberg 14. NAME OF HUSBAND OR WIFE Fannie K. Spieldoch

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. 188-10-1274 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie K. Spieldoch 6644 Washington

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) Heart in Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach
DUE TO (c) 15 IX
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
3 days
6 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 10th 1950, to July 20, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 8:42 m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Gebinski (Degree or title) MD 23b. ADDRESS 3701 E. Grand St. 23c. DATE SIGNED 8/21/52

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 22, 1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 8-21-52 REGISTRAR'S SIGNATURE Herbert R. Donker MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. L. Mays 4356 Lindell Blvd.

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

537 (Licensed Embalmer's Statement on Reverse Side)

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. Harris

Licensed Embalmer No. 4118

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.