

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3797

State File No.

318

1003

Registrar's No. **0518**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 0518	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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			2149
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location) 5826 Delor St.			
3. NAME OF DECEASED (Type or Print) Dr. CARL		a. (First)		b. (Middle) A.		c. (Last) SPOENEMAN	
4. DATE OF DEATH		(Month) Jan.		(Day) 16		(Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 3, 1886		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Dentist	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Oakdale, Ill.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME August Spoeneman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Madlyn Spoeneman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No		SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Madlyn Spoeneman			
ADDRESS (Yes, no, or unknown) _____		ADDRESS (If yes, give war or dates of service) _____		ADDRESS 5826 Delor 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis Coronary Insufficiency ANTECEDENT CAUSE Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral accident DUE TO (b) Diabetes DUE TO (c) Hemiplegia R. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7 1/2 Days 10/13/51 10/13/51 10/13/51
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION no		19c. ACCIDENT 10/13/51			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 10/13/51	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Minnesota		21c. (CITY, TOWN, OR TOWNSHIP) OK Highway		(COUNTY) Minnesota		(STATE) H-201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-13-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident run off highway					
22. I hereby certify that I attended the deceased from 10/13 , 19 51 , to 1/16 , 19 53 , that I last saw the deceased alive on 1/15 , 19 53 , and that death occurred at 3:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE George J. Wehman MD				(Degree or title)		23b. ADDRESS 3903 Olive St. St. Louis	23c. DATE SIGNED 1/16/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 1-19-53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State) _____
DATE REC'D BY LOCAL REG. JAN 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl	

WRITE PLAINLY—USING UNFADEING 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

William B White

Licensed Embalmer No. *4291*

P. O. Address

4228 Kingshighway

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.