

7.15 a.m.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44719

FILED JAN 11 1954

BIRTH NO. 48880 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3323

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 mo 7 da.</u>		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Cedarcroft Home</u>		d. STREET ADDRESS (If rural, give location) <u>6218 Sunshine Drive</u>	

3. NAME OF DECEASED (Type or Print) <u>BRADLEY JOHN SPENKO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1953</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 18, 1953</u>	9. AGE (In years last birthday) <u>6</u>	10. MONTHS <u>9</u>	11. HOURS <u>1</u>	12. MIN. <u>1</u>
--------------------	-------------------------------	---	---------------------------------------	--	---------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	---	--	--	--	---	--

13a. FATHER'S NAME <u>Jack M. Spenke</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Bi Cavali</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace M. Reed, Valley Park, Mo.</u>				ADDRESS	
---	--	-------------------------------------	--	--	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia Hypostatic</u>						<u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u>						<u>Prod</u>	
		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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?			
---	--	--	--	----------------------------	--	--	--

22. I hereby certify that I attended the deceased from 6-18-53 to 12-27, 1953, that I last saw the deceased alive on 12-18, 1953 and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Ray Stephen</u> (Degree or title)		23b. ADDRESS <u>745 E Big Bend</u>		23c. DATE SIGNED <u>12-28-53</u>	
--	--	------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL OVER</u>		24b. DATE <u>12-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Missouri</u>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>12/29/53</u>		REGISTRAR'S SIGNATURE <u>Heather S. Tomko</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C Hoffmeister</u> ADDRESS <u>Colonial Mortuary 6164 Chippewa St St Louis, 9, Missouri</u>			
--	--	---	--	---	--	--	--

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

Dr LeRoy Stephens
Office 745 E Big Bend
Will sign certificate at 10:00 AM at h
on Monday

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

Frank Stumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.