

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44720

State File No. ....

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3275

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Pine Lawn</b>		c. CITY OR TOWN <b>Pine Lawn</b>	
c. LENGTH OF STAY (In this place) <b>1 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3705 Salome</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3705 Salome</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Carl</b>	b. (Middle) <b>Wray</b>	c. (Last) <b>Spies</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 20 1953</b>
--	------------------------	-------------------------	------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 25 1910</b>	9. AGE (In years last birthday) <b>43</b>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HRS. Hours	MIN. Min.
--------------------	-------------------------------	---	---	---	-----------------------	-----------	-----------------------	-----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Nat Carboading Co</b>	11. BIRTHPLACE (State or foreign country) <b>Sikeston Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>George Thomas Spies</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Elizabeth Dubois</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Lorene Spies</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>488-05-7515</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Margaret Spies</b>	ADDRESS <b>3705 Salome Ave</b>
--	--	---	--------------------------------

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* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic (coronary) heart disease</b>			<b>4 yrs</b>
	DUE TO (c) <b>and Hypertensive cardiovascular disease</b>			<b>4 yrs</b>
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 <b>4200</b>	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) m.	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 9 Feb, 1953, to 20 Dec, 1953, that I last saw the deceased alive on 25 Nov, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>T. G. Shaker M.D.</b>	23b. ADDRESS <b>124 N. Taylor St. Saint Louis 21 Mo.</b>	23c. DATE SIGNED <b>21 Dec 53</b>
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>December 23 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>DEC 21 1953</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>	ADDRESS <b>Funeral Home Inc 4828 Nat Bridge Blvd</b>
---	---	---	--

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

Allegheny County

Nov 19 1934

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 Robert C. Linder

Signed.....  
Student Embalmer

Licensed Embalmer No. 4575

P. O. Address St. Louis, Mo.

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.