

SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8491

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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) _____ 12 1/2 days		c. CITY OR TOWN _____ St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____ St. Louis Chronic Hosp.				e. STREET ADDRESS (If rural, give location) _____ 13 5800 Arsenal St. 21370			
3. NAME OF DECEASED (Type or Print) a. (First) _____ Marie b. (Middle) _____ c. (Last) _____ Spehr.			4. DATE OF DEATH (Month) (Day) (Year) 9-14-54				
5. SEX _____ White	6. COLOR OR RACE _____ Female	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Widowed	8. DATE OF BIRTH _____ 5-25-1895		9. AGE (In years last birthday) _____ 59	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) _____ Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____ At. Home		11. BIRTHPLACE (City and State or Foreign Country) _____ St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____ U.S.A.	
13a. FATHER'S NAME _____ Patrick King.		13b. MOTHER'S MAIDEN NAME _____ Anna Maxwell		14. NAME OF HUSBAND OR WIFE _____ Harry			
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. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ Harry Spehr, 1060 Harrison Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Hypertensive cardiovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ disease generalised arteriosclerosis DUE TO (c) _____ Brain Damage. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ 443X			
22. I hereby certify that I attended the deceased from 7-9 _____, 1953, to 9-14 _____, 1954, that I last saw the deceased alive on 9-14 _____, 1954, and that death occurred at 7:35 P. m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) _____ Calvin Dueson Rowdick M.D.				22b. ADDRESS _____ 5800 Arsenal		22c. DATE SIGNED _____ 9-15-54	
22a. BURIAL, CREMATION, REMOVAL (Specify) _____ Burial		22b. DATE _____ 9/17/54	22c. NAME OF CEMETERY OR CREMATORY _____ Calvary Cemetery		22d. LOCATION (City, town, or county) (State) _____ St. Louis, Missouri		
DATE REC'D BY LOCAL REG. _____ SEP 16 1954		REGISTRAR'S SIGNATURE _____ J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____ Drehmann-Harral 1905 Union Blvd.			

S.D. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Albert R. Thompson*.....

Licensed Embalmer No. *423*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.