No. 300
10-48

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33527

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 1 week.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN: Washington.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 556 E. 5th St. 0362

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) G. c. (Last) Spaunhorst.

4. DATE OF DEATH (Month) Oct. (Day) 25th, (Year) 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married.
8. DATE OF BIRTH: Apr. 15th, 1880.
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer.
10b. KIND OF BUSINESS OR INDUSTRY: City Police Dep't.
11. BIRTHPLACE (City and State or Foreign Country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Edward J. Spaunhorst.
13b. MOTHER'S MAIDEN NAME: Seraphine Noser.
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: 493-36-0886
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Josephine Fitz — ADDRESS: Washington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General infirmities of old age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arterio-sclerotic C-V-R disease

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 442 X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Oct, 1954, *to* 25 Oct, 1954, *that I last saw the deceased alive on* 25 Oct, 1954, *and that death occurred at* 2:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond J Boggs, M.D.
23b. ADDRESS: Washington, Mo
23c. DATE SIGNED: 26 Oct 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1954.
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery.
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: 10/26/54
REGISTRAR'S SIGNATURE: F. L. Tiedmann G.F.L. Tiedmann
25. FUNERAL DIRECTOR'S SIGNATURE: Kieburg + Vitt, Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome F. Swobod

Licensed Embalmer No. 4-56

P. O. Address Washingto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.