

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11122

STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2866

Health,  
Welfare  
Public  
Service

300  
1-56

All symptoms must be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                        |  |                                  |
|---|------------------------|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY                                     |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis   |                        | c. CITY OR TOWN St. Louis  |                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital  |                        | d. STREET ADDRESS 3611 Russell Avenue  |                                  |
| 3. NAME OF DECEASED (Type or print) Louise B Spahn  |                        | 4. DATE OF DEATH March 25 1957   |                                  |
| 5. SEX female   | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 19, 1900   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator   |                        | 9. AGE (In years last birthday) 56   |                                  |
| 10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor   |                        | 11. BIRTHPLACE (City and state or country) Union Missouri  |                                  |
| 13. FATHER'S NAME Peter Schoelich   |                        | 12. CITIZEN OF WHAT COUNTRY? USA   |                                  |
| 14. MOTHER'S MAIDEN NAME Sophia Kampschmidt   |                        | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO  |                                  |
| 16. SOCIAL SECURITY NO. 493-03-2992   |                        | 17. INFORMANT Address Edward F. Spahn, 3611 Russell Avenue   |                                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>wide spread Carcinoma of Intestines metastasis</i><br>DUE TO (b) <i>Carcinoma metastasis</i><br>DUE TO (c) <i>Carcinoma metastasis</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>174x</i> |                        |  | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>  |                        | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>no injury</i>  |                                  |
| 20c. TIME OF INJURY <i>none</i>   |                        | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>  |                                  |
| 20e. CITY, TOWN, OR LOCATION <i>Union</i>   |                        | 20f. COUNTY STATE  |                                  |
| 21. I attended the deceased from <i>Aug 6 1956</i> and last saw her <i>Mar 24 57</i> <i>4:32 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |  |                                  |
| 22a. SIGNATURE <i>M. F. Hermann</i>   |                        | 22b. ADDRESS <i>2739 N Grand</i>   |                                  |
| 22c. DATE SIGNED <i>3-25-57</i>   |                        |  |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 23b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  |                                  |
| 23c. DATE March 27 1957   |                        | 23d. LOCATION (City, town, or county) St. Louis, Missouri  |                                  |
| 24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair   |                        | 25. DATE RECD. BY LOCAL REG. MAR 25 '57  |                                  |
|   |                        | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>   |                                  |

**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: *Glen W. Hart*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis 2*

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.