Health, & Welfare Public Service

S. 300 0
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will 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

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15312

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2789

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN Overland 423X — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10 Faith Hospital — Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location) 27 9926 Niblic Drive — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First EDITH	Middle E.	Last SPATHELF
4. DATE OF DEATH	Month March	Day 19,	Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 7-23-1898
9. AGE (In years last birthday) 58	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 country) Guthrie, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown Hutsel		14. MOTHER'S MAIDEN NAME Unknown Fleihman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-22-4906	17. INFORMANT Address Raymond W. Spathelf, above	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Rhabdomyosarcoma to lungs
Metastatic Rhabdomyosarcoma to Lungs
I Pulmonary edema
Pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Rhabdomyosarcoma of Right quadriceps muscle
Rhabdomyosarcoma of right quadriceps muscle

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 year, 24 hours, 3 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

197X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1-25-54

20f. CITY, TOWN, OR LOCATION 3-19-57 COUNTY STATE 3-19-57

21. I attended the deceased from 1-25-54, to 3-19-57 and last saw her alive on 3-19-57
Death occurred at 5:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jos. E. Cacioppo M.D.

22b. ADDRESS 3861 St. Louis Ave. St. Louis, Mo.

22c. DATE SIGNED 3-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-22-1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. MAR 22 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 40

P. O. Address [illegible]

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