. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42642

STATE FILE NUMBER 10448

FILED DEC 2 - 1957

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Length of stay in 1b: 3 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY:
c. CITY OR TOWN: Prairie Village — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 9710 Sagamore Road — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DOROTHY Middle: LYDIA Last: SPIEGEL

4. DATE OF DEATH: Month: Nov. Day: 3 Year: 1957

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 10, 1907

9. AGE (In years last birthday): 50 — 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): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry E. Grafeman

14. MOTHER'S MAIDEN NAME: Lydia E. Wrausmann

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.: no

17. INFORMANT: Albert L. Spiegel — Address: 9710 Sagamore Road Prairie Village, Kan

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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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

DUE TO (b) Ca of Rt Kidney — 3 yrs

DUE TO (c) Hydrothorax — 2 months

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.) 180X

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

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 15 '57 to Nov 3 '57 and last saw her/him alive on Nov 3 '57. Death occurred at 8 P.M. 11/3/57 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Guy Simpson (Degree or title) — 22b. ADDRESS: 634 N. Grand — 22c. DATE SIGNED: 11/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal — 23b. DATE: 11-6-57 — 23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery — 23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: C. R. Lupton & Sons — ADDRESS: 7233 Delmar

25. DATE RECD. BY LOCAL REG.: NOV 5 '57

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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

No. 3-7207

1:00 to 6:00 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 386

P. O. Address St. Louis

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.