

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015418  
State File No.

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 93

0920

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

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. CHARLES, RURAL 10 MONTHS</b>		c. LENGTH OF STAY (in this place) <b>10 MONTHS</b>	
c. CITY OR TOWN <b>ST. LOUIS 2089</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EVANGELICAL ENNAUS HOME</b>		e. STREET ADDRESS (If rural, give location) <b>2520 Mc LARAN</b>	
3. NAME OF DECEASED a. (First) <b>CATHERINE</b> b. (Middle) <b>DISENGER</b> c. (Last) <b>SPENCER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 10, 1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 10, 1869</b>
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF OVER 1 YR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Therese Storken</b>		ADDRESS <b>ST. CHARLES, MO.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b> ANTECEDENT CAUSES <b>Cerebral Hemorrhage</b> DUE TO (b) <b>48 hr</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <b>Arteriosclerosis Generalized</b> <b>20 yr</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
20. AUTOPSY? <b>2</b> 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov</b> , 1954, to <b>April</b> , 1958, that I last saw the deceased alive on <b>April 9</b> , 1958, and that death occurred at <b>6 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>William H. Poggendorf</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>St Charles, Mo</b>	
23c. DATE SIGNED <b>April 10, 1958</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/12/58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 11 58</b>		REGISTRAR'S SIGNATURE <b>Marecella Wilson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter C. Paul</b>		ADDRESS <b>Paul Funeral Home - St. Charles, Mo.</b>	

APR 22 1958

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. 552

working under my personal supervision.

Student David C. Bane  
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3151

P. O. Address St. Charles 72

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.