

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024817
STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 23

503
5. 300
1-57

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Ts.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis Mo. 2249
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Rd 12		Length of stay in lb 3 yrs	d. STREET ADDRESS (If outside, give location) 3620 Organ Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Richard G Spreckelmeyer			4. DATE OF DEATH Month Day Year Aug 5, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan, 16 - 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shoe Salesman	11. BIRTHPLACE (City and state or country) Morrison Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G.A. Spreckelmeyer	
13b. MOTHER'S MAIDEN NAME Mary E. Lange		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 492-01-5569	17. INFORMANT Address V. E. Thuli St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHXIA DUE TO ACCIDENTAL DROWNING			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9298
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL FROM BOAT HOUSE WHILE PUSHING DRIFT FROM SIDE OF	
20c. TIME OF INJURY Hour Month, Day, Year 4:00 p.m. 8-5-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) SAME.	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION LAKE ROAD #12	COUNTY STATE CAMDEN MO
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack Stoller Sheriff A.S.		22b. ADDRESS Camden, Mo	22c. DATE SIGNED Aug. 5-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 8-1958	23c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS Kidwell Funeral Service, Versailles, Mo		25. DATE RECD. BY LOCAL REG. Aug. 6-1958	26. REGISTRAR'S SIGNATURE Zilpha J. Draw

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 26 1958

SEP 2 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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gene Bartram*

Licensed Embalmer No. *4921*.....

P. O. Address *Versailles, Mo.*.....

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.