

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034724
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9225

300
1-56

Every coroner, wherever, use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY <u>BRECKENRIDGE HILLS</u> OR TOWN <u>4231</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3126 SIMS</u>	
3. NAME OF DECEASED (Type or print) First <u>MABLE</u> Middle <u>IRENE</u> Last <u>SPANBERGER</u>		4. DATE OF DEATH Month <u>SEPT</u> Day <u>24</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		11. BIRTHPLACE (City and state or country) <u>MT. VERNON, ILL.</u>	
13. FATHER'S NAME <u>HERMAN LOCKE</u>		14. MOTHER'S MAIDEN NAME <u>NINA HARLOW</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499264645</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertension</u> <u>20 yrs</u>	
		DUE TO (c) <u>Chronic Pyelonephritis</u> <u>20 yrs</u>	
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"/> <u>2</u>	
20a. ACCIDENT <input 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.) <u>6000</u>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>Aug 14, 1958</u> to <u>Sept 24, 1958</u> and last saw <u>her</u> alive on <u>Sept 24, 1958</u> Death occurred at <u>4:25 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Miles C. Whitener M.D.</u>		22b. ADDRESS <u>St. Lukes Hosp.</u>	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-27-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILLS</u>		23d. LOCATION (City, town, or county) (State) <u>PAGE DALE MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Edw. J. Brennan 4709 W. BARKHARD</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 25 58</u>	
		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	

mfb

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 *E. W. Williams*.....
Licensed Embalmer No. *850*
P. O. Address *Irland*

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