Health, & Welfare Public Service

S. 300
1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034978
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2551

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 22, 4783 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) #5 Harwood Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSS Middle MCVEY Last SPADER
4. DATE OF DEATH Month Oct. Day 3 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar. 3, 1897
9. AGE (In years last birthday) 61 — 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) R.R. Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov. P.O.
11. BIRTHPLACE (City and state or country) Salina, Kans.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas H. Spader
13b. MOTHER'S MAIDEN NAME Rosalie Hockensmith
14. NAME OF HUSBAND OR WIFE Merle M. Spader
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Merle M. Spader — Address #5 Harwood-Kirkwood Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Aneurysm of aorta
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular renal disease
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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
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 8-14-47, to 10-3-58 and last saw her/him alive on 9-30-58
Death occurred at 10:30A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos. C. Winter M.D. (Degree or title)
22b. ADDRESS 611 Olive St.
22c. DATE SIGNED 10/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct-5, 1958
23c. NAME OF CEMETERY OR CREMATORY Shelbina Cem.
23d. LOCATION (City, town, or county) Shelbina, Mo. (State)

24. FUNERAL DIRECTOR Pfitzinger Mort. ADDRESS Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG. 10-5-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.