

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018347

STATE FILE NUMBER

REG. JUN 15 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 56

300

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|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lincoln</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Bedford</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <b>Foristell</b> <b>0920</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hospital</b>   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Arthur Spielman</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 8, 1959</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 4, 1883</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Furniture Worker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Furniture</b>   | 9. AGE (In years) (If UNDER 1 YEAR IF UNDER 24 HRS. birth/day) Months Days Hours Min.<br><b>76</b> <b>1</b> <b>4</b>        |
| 11. BIRTHPLACE (City and state or country)<br><b>St Louis Mo.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Henry J Spielman</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Bertha Osterhorn</b>  |   |
| 14. NAME OF HUSBAND OR WIFE  |                                  | 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.<br><b>Unknown</b>  |                                  | 17. INFORMANT<br><b>Harry L. Spielman</b> Address <b>7540 Leadale</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLUS</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 MINS.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>ADENOCARCINOMA OF RECTUM 154X</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                           |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 <b>5-5-59</b> to <b>6-8-59</b> and last saw him alive on <b>6-8-59</b><br>Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Roselwood D.O.</b>  |                                  | 22b. ADDRESS<br><b>TROY Missouri</b>  | 22c. DATE SIGNED<br><b>6-8-59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>6-11-59</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St Louis County Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Bucholz Mortuary 5967 W. Florissant</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-9-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Charlotte Leek</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *D. W. McElroy* .....  
Licensed Embalmer No. *3586* .....  
P. O. Address *Troy 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.