MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 5 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 554

STATE FILE NUMBER 61-003697

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1329 Cheshire Lane
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EMIL Middle LUDWIG Last SPOLANDER

4. DATE OF DEATH: Month Jan. Day 17 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-6-1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager(Retired)Western
10b. KIND OF BUSINESS OR INDUSTRY: Electric Co.
11. BIRTHPLACE (City and state or country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Emanuel Spolander
13b. MOTHER'S MAIDEN NAME: Caroline Hawkins
14. NAME OF HUSBAND OR WIFE: Esther Spolander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Esther Spolander Address: 1329 Cheshire Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10-29-60
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — about 2 yrs.
DUE TO (c): 33/X

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-29-60, to 1-17-61 and last saw him alive on 1-17-61
Death occurred at 9:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: 933 Arcade Bldg. 812 Olive St. Louis 1, Missouri
22c. DATE SIGNED: 1/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 21, 1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: JAN 19 1961
26. REGISTRAR'S SIGNATURE: [signature] M.D.

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_____ Signed Edwin A. McDermott

Signature of Student Embalmer

Licensed Embalmer No 3024

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.