SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2810 -61-011607 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY FILED APR 7 1961

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 1-week

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5041 Idaho Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ella Middle Last Spath

4. DATE OF DEATH Month Mar. Day 23, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/27/74

9. AGE (last birthday) 86 — 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) housekeeping

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Baden, Germany

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Steffens

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE William M. Spath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----

17. INFORMANT Address William M. Spath - 5041 Idaho Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: arteriosclerotic Heart disease c̄ auricular fibrillation + decomp.
IMMEDIATE CAUSE (a) — INTERVAL BETWEEN ONSET AND DEATH 3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200

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 3-2-61, to 3-23-61 and last saw her/him alive on 3-23-61
Death occurred at 3:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew G. Klein, M.D.

22b. ADDRESS 4632 So. Grand Blvd

22c. DATE SIGNED 3-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Mar.25,1961

23c. NAME OF CEMETERY OR CREMATORY St.Trinity Luth.Ceme.

23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. MAR 24 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED 7/2

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Felix J. Crispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.