

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017286

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4195

318

1003

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.

Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY _____

Inside Limits
Yes No

c. CITY OR TOWN St. Louis,

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4737 Alaska Ave.

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location) 4737 Alaska Ave.

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

MINNIE SPANING

4. DATE OF DEATH

Month

Day

Year

4 21 62

5. SEX

Female.

6. COLOR OR RACE

White.

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

7-18-75

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Heuer.

13b. MOTHER'S MAIDEN NAME

Catherine Zeller.

14. NAME OF HUSBAND OR WIFE

William Spaning.

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.

17. INFORMANT

Address

Norma Spaning 4737 Alaska Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Sen. Arteriosclerosis

DUE TO (c)

Senility 4200

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

Senile Psychosis

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 1-2-62 to 4/21/62 and last saw her alive on 4/21/62. Death occurred at 2:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. T. Heuer M.D.

22b. ADDRESS

1-203 Chipmunk St

22c. DATE SIGNED

4/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4-24-62

23c. NAME OF CEMETERY OR CREMATORY

New Picker.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home. 6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

APR 23 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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DATE AMENDED

27
APR 1971

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 Samuel C. Roll

Licensed Embalmer No. 4347

P. O. Address 6322 So. Park

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.