MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025633

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6582

FILED JUN 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 207
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4 0
5 1
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12 59-0
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59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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: DePaul 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): 6316 Laura
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: Lawrence E. Bambrick

4. DATE OF DEATH Month / Day / Year: 6-22-1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-1-1893
9. AGE (last birthday): 70
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): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY: Pullman Co
11. BIRTHPLACE (City and state or country): ST. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Lawrence
13b. MOTHER'S MAIDEN NAME: Delia ?
14. NAME OF HUSBAND OR WIFE: Nellie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie Bambrick. Address: 6316 Laura

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): Nephrosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 591X
INTERVAL BETWEEN ONSET AND DEATH: don't know

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

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 9-4-62 to 6-22-63 and last saw her/him alive on 6-22-63
Death occurred at 3.00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter H. Spoenemann MD
22b. ADDRESS: 1515 St. Louis
22c. DATE SIGNED: 6-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-25-63
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county): ST. Louis (State): Mo

24. FUNERAL DIRECTOR: O'SULLIVAN-MUCKLE-KRON FUNERAL
ADDRESS: 6006 JENNINGS ROAD
25. DATE RECD. BY LOCAL REG.: JUN 24 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Walter Spoonemann
1545 St Louis
1-2
Ce 1.0638.

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 Albert Mayfield
Signature of Student Embalmer

Licensed Embalmer No. 3077

P. O. Address St Louis 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.