

FILED JUL 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

4931

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Mos. 12 Days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME John Spoenman 155
 3. (b) If veteran. name war no
 3. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife MINNIE 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased FEB 28 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace COLLINSVILLE ILL
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER: (RETIRED)

11. Industry or business _____

MOTHER FATHER { 12. Name C. SPONEMAN 9
 18. Birthplace UNKNOWN 6
(City, town, or county) (State or foreign country)
 14. Maiden name FREDRICK POZS
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MINNIE SPONEMAN
 (b) Address 537 W. DAVIS, ST

17. (a) BURIAL (b) Date thereof JUNE 6 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT. HOPE CEM.

18. (a) Signature of funeral director P. Zindel for
 (b) Address 7128 MICHELAN AV

19. (a) JUN 5 1940 (b) [Signature]
(Date received from registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town ST LOUIS 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 537 W. DAVIS, ST.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1940 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from February
23, 1940, to June 4, 1940
 that I last saw him alive on June 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Infarct of Heart (Coronary thrombosis)
 Duration _____

Due to Fibrosis of myocardium

Due to _____

Other conditions Benign Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations Benign Hypertrophy of Prostate
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 1515 Lafayette Date signed 6/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. P. Fendley*
Licensed Embalmer No. 925
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 this body is not embalmed, above space should be left blank: