FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1865

State File No. 16847

Registration District No. 791 Primary Registration District No. Registrar's No. 4365

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Forest Blvd.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years

3. (a) PRINT FULL NAME Stella May Spannagel

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Noel

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 4, 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Lutesville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John B. Thompson
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Sander
15. Birthplace Marble Hill, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Mencatrina
(b) Address East St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 25, 194 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director C. Kurrusch
(b) Address East St. Louis, Ill.

19. (a) MAY 24 1941 (Date received local registrar) (b) J. Wiedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1941 hour 2:55 minute A.M.

21. I hereby certify that I attended the deceased from May 12, 1941, to May 23, 1941; that I last saw her alive on May 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism of Pulmonary artery	
Due to: Operation for removal of large fibroid uterus	
Due to: non malignant	
Other conditions: Intestinal obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Large degenerated myoma of uterus
Of autopsy: Embolus in pulmonary artery, intestinal adhesions & obstruction

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

23. Signature R. Rossen (M. D. or other) M.D.
Address 65 Fair Oaks Date signed 5/23/44

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JUL 19 1949

[illegible]
[illegible]
[illegible]

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 [illegible]

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

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.