

FILED OCT 21 1942
518

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8484

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

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day.
(Specify whether years, months or days)

In this community 10 Years.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County St. Louis

(c) City or town Bel Nor
(If outside city or town limits, write "RURAL")

(d) Street No. 2973 Ridgeview Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hazel K. Sponemann

3. (b) If veteran, name war No.

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 Carl A. Sponemann

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 13 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Eudora, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name John B. Yates.

13. Birthplace Jackson County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice McMillan.

15. Birthplace Green County, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Carl A. Sponemann.

(b) Address 2973 Ridgeview Dr.

17. (a) Burial (b) Date thereof 10-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 13 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1942 hour 9:A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 23
1942 to Oct 12 1942
that I last saw h. W. alive on Oct 12
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis (Hemorrhagic)

Due to Chronic Glomerulonephritis

Due to Nephritis

Other conditions Pericarditis

Preg. Nausea - 7 months

Major findings: _____
Of operations: _____
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 L. M. Pierdan
Address 4500 Olive St Date signed 10-13-42

*In Riorlan
Lester Binning*

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 *Homer L. Ponder*
Licensed Embalmer No. *3367*
P. O. Address *3223 St. Louis av*

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, fact should be so stated above.