

FEDERAL BUREAU OF INVESTIGATION
 STANDARD CERTIFICATE OF DEATH
State File No. **25039**Registration District No. **377**Primary Registration District No. **6076**Registrar's No. **1805**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Jefferson Barracks, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **172 Days**
 (Specify whether
 In this community **172 Days**
 years, months or days)

3: (a) PRINT FULL NAME

SPAHN, Edward F. Jr.3: (b) If veteran,
name war **World II**3: (c) Social Security No.
486203274

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Doris Spahn**
 6. (c) Age of husband or wife if alive **22** years
 7. Birth date of deceased **August 10 1924**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 11 14 hr. min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Inspector**

11. Industry or business

12. Name **Edward F. Spahn**
 13. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Louise Schillig**
 15. Birthplace **Union Missouri**
 (City, town, or county) (State or foreign country)

16: (a) Informant **Registrar, VA Hospital,**
 (b) Address **Jefferson Barracks, Mo.**
 17: (a) **Burial** (b) Date thereof **7-28-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Nat'l. Cem. Jeff. Brks. Mo.**

18: (a) Signature of funeral director **Math Herman & Son**
 (b) Address **2161 E. Fair, St. Louis, Mo.**
 19: (a) **7-27-48** (b) **Edward F. Spahn**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2151 Geyer**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
 year **1948** hour **6:02** minute **P. M.**

21. I hereby certify that I attended the deceased from
February 3, 19**48,** to **July 24,** 19**48**
 that I last saw him alive on **July 24,** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **VENTRICULAR HEMORRHAGE**
OF BRAIN

Duration

~~Major~~ Contributory cause:
Cerebral neoplasm

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **2/13/48 Craniotomy**

Of autopsy **Autopsy performed**
(See cause of death)

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

(a) Accident, suicide, or homicide (specify) **No**
 (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)
 (Specify type of work)

3. Signature **E. E. Stillwell** (M. D. or other)
 Address **VAH, Jeff. Brks. Mo.** Date signed **7/26/48**

AUG 14 1940

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 William G. Buchner

Licensed Embalmer No. 2110

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 this body is not embalmed, fact should be so stated above.