

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32209

State File No.

103592

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8091

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | d. STREET ADDRESS (If rural, give location) 13 4338 Duke Street., 10 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) c. (Last) SPIES | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 15th, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH About 1880 |
| 9. AGE (In years last birthday) 69? | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME John Spies | |
| 13b. MOTHER'S MAIDEN NAME Anna Schaffner | | 14. NAME OF HUSBAND OR WIFE Nil | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME Carrie Spies - Hillsboro, Missouri | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum - Anemia, Severe | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 74 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 20/1 | |
| 22. I hereby certify that I attended the deceased from 9/13/49, 19, to 9/15/49, 19, that I last saw the deceased alive on 9/15/49, 19, and that death occurred at 2:50pm, from the causes and on the date stated above. | | | |
| 23. SIGNATURE Joseph G. J. Blodgett M.D. | | 23b. ADDRESS 1515 Lafayette Ave., | |
| 23c. DATE SIGNED 9/15/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/19/49 | 24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| DATE REC'D BY LOCAL REG. SEP 19 1949 | REGISTRAR'S SIGNATURE B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington Blvd | |

WRITE PLAINLY—USING 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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

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.