

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11540  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **665**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardenville 4ym</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardenville 410</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Millers Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>8149 Gravois 460</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frieda</b>	b. (Middle)	c. (Last) <b>Spoerl</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>3/12/50</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow N</b>	8. DATE OF BIRTH <b>8/25/1875</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	11. UNDER 1 HR. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ref</b>	11. BIRTHPLACE (State or foreign country) <b>Germany 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andrew Schaeffer</b>	13b. MOTHER'S MAIDEN NAME <b>Doris Know</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Spoerl</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. A. Spoerl</b>	ADDRESS <b>3662 Blaine</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Heart and Kidney Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Arteriosclerosis</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>no</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>7:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/12/49**, to **3/12/50**, that I last saw the deceased alive on **Mar. 10th 1950**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. T. Maltus</b>	(Deceased or title)	23b. ADDRESS <b>3608. South Grand Blvd.</b>	23c. DATE SIGNED <b>3/14/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/15/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 14 1950</b>	REGISTRAR'S SIGNATURE <b>Hubert K. ...</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Jos. A. Howard</b>	ADDRESS <b>1619 So. Grand</b>
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(Licensed Embalmer's Signature on Reverse Side)

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

FEB 25 1954

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Wm. Buckley*

Licensed Embalmer No. \_\_\_\_\_

*3657*

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.

100-1-50