

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18902

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1417

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>701 ROBINSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 ROBINSON AVE</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY SPITZMILLER HEINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-5-1950</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB-22-1877</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months Days	11. UNDER 10 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>IRONTON-IRON CO. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MICHAEL SPITZENMILLER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE TURNBOW</u>	14. NAME OF HUSBAND OR WIFE <u>FRED HEINS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE WARNER</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis - yrs.</u>		
	DUE TO (c) <u>Gangrene left leg below knee</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>32X</u>

22. I hereby certify that I attended the deceased from 5/24, 1950, to June 5, 1950, that I last saw the deceased alive on 6/4/50, 1950, and that death occurred at 1130 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Victor Reese</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>170 E. Jackson St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>6/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 7 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
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DATE REC'D BY LOCAL <u>JUN 7 1950</u>	REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u> ADDRESS <u>Webster Groves</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Winter Groves Md

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.