

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25301**
3916

BIRTH NO. **110750.** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3916**

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) ST. LOUIS MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
c. LENGTH OF STAY (in this place) 10 weeks		d. STREET ADDRESS (If rural, give location) 1413 So. 8th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL #I			
3. NAME OF DECEASED (Type or Print) a. (First) DORA.		b. (Middle) SPIEGELHAUER.	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY. 7. 1950.	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2-5-1869
9. AGE (In years last birthday) 81		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY 4	
13a. FATHER'S NAME Henry Fisher		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE John P.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME John P. SpiegelHauer		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Anemia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	

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? 29 D.O.	
22. I hereby certify that I attended the deceased from APRIL 24. 19 50. to JULY 7. 19 50. , that I last saw the deceased alive on JULY 7. 19 50. ; and that death occurred at 2.20A. m., from the causes and on the date stated above.					

23a. SIGNATURE Chas. L. Bryan, M.D.		(Degree or title)		23b. ADDRESS 1515 LAFAYETTE AVE.	
23c. DATE SIGNED					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-10-50.		24c. NAME OF CEMETERY OR CREMATORY St. Matthews	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Fun'l. Hm.		ADDRESS 3301 LAFAYETTE	
DATE REC'D BY LOCAL REG. JUL 10 1950		REGISTRAR'S SIGNATURE J. B. Sauter			

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

5916

MISSOURI

1901

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *4550*

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.