

**STANDARD CERTIFICATE OF DEATH**

State File No. **35556**

FILED NOV 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2649

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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>CLAYTON</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>   |  |
| c. LENGTH OF STAY (in this place) <u>21 years</u>   |  | d. STREET ADDRESS (If rural, give location) <u>8529 Philo</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> |  |   |  |

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Franc</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Spirz</u> |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 1, 50</u> |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u> | 8. DATE OF BIRTH<br><u>Mar. 24, 1929</u>                   | 9. AGE (In years last birthday)<br><u>21</u>                            | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Laclede Gas Light Co.</u>       |  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Missouri</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |   |  |   |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>Frank Joseph Spirz</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Irene Kretzer</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Single</u>                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>495-24-1051</u>     |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Emma K. Spirz, 8529 Philo</u> |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</u><br><br><u>6 months</u><br><br><u>178X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><u>Metastases of Chorion epithelium to lungs, liver, peritoneum.</u> |  |   |
|   | DUE TO (b) <u>Cancer epithelium of testis</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |  |  |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>178X</u>  |  | 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) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from 10-15-50, 1950, to 11-1-, 1950, that I last saw the deceased alive on 11-1-, 1950, and that death occurred at 8:15 a m., from the causes and on the date stated above.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>Wilson Brown</u>                            |  | 23b. ADDRESS<br><u>601 Bentwood Blvd Clayton Mo</u>  |  | 23c. DATE SIGNED<br><u>Nov 1, 1950</u>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                         |  | 24b. DATE<br><u>Nov. 4, 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mount Hope Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u> |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>11-2-50</u>   |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Danke</u>   |  |  |  |

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

*(Licensed Embalmer's Statement on Reverse Side)*

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 Helis J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.