

STANDARD CERTIFICATE OF DEATH

State File No. 11093

FILED JAN 13 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4287

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		13. STREET ADDRESS (If rural, give location) 4939 Reber Place	

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Ferguson c. (Last) Spooner			4. DATE OF DEATH (Month) (Day) (Year) December 26, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Maplewood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ernest F. Spooner		13b. MOTHER'S MAIDEN NAME Mary Ferguson		14. NAME OF HUSBAND OR WIFE Helen Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 43-053-1536NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Violet Spooner, 4939 Reber Place	

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) Gastro Intestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhotics of Liver		4 years
		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		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)	
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? 5810	

22. I hereby certify that I attended the deceased from 12/26, 1950, to 12/26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 12:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE Thomas Olaf MD (Degree or title)		23b. ADDRESS 539 N. Grand, St. Louis 3		23c. DATE SIGNED 12/26/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12/28/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. DEC 27 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Road	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

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.