

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6686

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1402**

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

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 ST. LOUIS MO		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS 2239	
d. STREET ADDRESS 2749^a ARMANDO		(If rural, give location)	
3. NAME OF DECEASED (Type or Print), Margaret		a. (First) Margaret	
b. (Middle) Spieler		c. (Last) Spieler	
4. DATE OF DEATH Feb 10 1951		(Month) (Day) (Year)	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 28 1916
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK	
11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME FRED SCHWARZ		13b. MOTHER'S MAIDEN NAME THERESA KOETTER	
14. NAME OF HUSBAND OR WIFE FRED C. SPIELER		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 FRED C. SPIELER ADDRESS 2749^a ARMANDO	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon with ANTECEDENT CAUSES Generalized abdominal metastases Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		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? 15 ft X		22. I hereby certify that I attended the deceased from 12/15/1950 , to 2/10/1951 , that I last saw the deceased alive on 2/9/1951 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. O. Brown (Degree or title) M.D.		23b. ADDRESS 1325 S. Grand	
23c. DATE SIGNED 2/10/51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE FEB. 13 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		DATE REC'D BY LOCAL REG. FEB 12 1951	
REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Latis ADDRESS 2906 Leavitt	

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 _____

Samuel C. Hill

Licensed Embalmer No. 4347

P. O. Address 2916 Leavin

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.