

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1951

35635

State File No. ....

BIRTH NO. 81777-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8087

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Jennings</u>	<u>4148</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5406 Fletcher Avenue.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARK</u>	b. (Middle) <u>LOUIS</u>	c. (Last) <u>SPANGENBERG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1951</u>
-------------------------------------	------------------------	--------------------------	------------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 7, 1951</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	--	-------------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Robert Spangenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Delores Much</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Spangenberg, 5406 Fletcher Ave</u>	ADDRESS
---	--	--	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged labor of mother 41 hours</u> 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 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>1750</u>
--	--	--

22. I hereby certify that I attended the deceased from Sept 8, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Beulah A. Meritt M.D.</u>	23b. ADDRESS <u>7307 Natural Bridge Rd.</u>	23c. DATE SIGNED <u>Sept 11 1951</u>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>SEP 12 1951</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home, 1167 Hamilton Ave</u>	ADDRESS
---	--	---	---------

WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*Not Embalmed*

*Maile Shepard*

*3555*