

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33450  
8816

State File No. ....

Registrar's No. ....

FILED OCT 4 1952

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1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6922 Plateau</u>		d. STREET ADDRESS (If rural, give location) <u>6922 Plateau</u>	
3. NAME OF DECEASED a. (First) <u>Clara</u> b. (Middle) <u>K.</u> c. (Last) <u>Spathelf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19th 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1878</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mount Joy, Penna.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jacob Groff</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kemper</u>		14. NAME OF HUSBAND OR WIFE <u>William F. Spathelf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. None</u>		16. SOCIAL SECURITY NO. <u>4944-07-8093B</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William F. Spathelf</u>		ADDRESS <u>6922 Plateau, St. Louis, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid 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. <u>Bronchial Asthma</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>443x</u>		22. I hereby certify that I attended the deceased from <u>6-5</u> , 19 <u>45</u> , to <u>9-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>52</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>B. B. Scrimmels, M.D.</u> (Degree or title)		23b. ADDRESS <u>1116 McCloud</u>	
23c. DATE SIGNED <u>9-20-52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>7456 Manchester Maplewood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 22 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer 11-9

Signed

Ronald O. Yahrke

Licensed Embalmer No. 3917

P. O. Address

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.