

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16242**

FILED APR 23 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3744**

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

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Saint Louis</b>  |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Saint Louis,</b> <b>2069</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4970 Labadie Avenue, 15,</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>4970 Labadie Avenue, 15,</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>MOLLY</b><br>b. (Middle)<br>c. (Last) <b>SPAETH</b>   |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 8th, 1953</b>                  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>April 3rd, 1880</b>  |
| 9. AGE (In years last birthday)<br><b>73</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b>    |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  | 13a. FATHER'S NAME<br><b>Unknown</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Edward Spaeth</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Edward Spaeth, 4970 Labadie Avenue, 15,</b> |
| 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>MYOCARDITIS, CHRONIC</b><br>DUE TO (c) <b>HYPERTENSION + ARTERIOSCLEROSIS</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (Min.)  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?<br><b>4201</b>   |                                  | 22. I hereby certify that I attended the deceased from <b>Feb.</b> , 1953, to <b>April</b> , 1953, that I last saw the deceased alive on <b>April 7, 1953</b> , and that death occurred at <b>4:30A</b> m., from the causes and on the date stated above.   |   |
| 23a. SIGNATURE (Degree or title)<br><b>Joseph R. Mueller M.D.</b>   |                                  | 23b. ADDRESS<br><b>1305 N. Kings Highway</b>  |   |
| 23c. DATE SIGNED<br><b>4/9/53</b>   |                                  | 24a. BURIAL/CREMATION/REMOVAL (Specify)<br><b>Removal</b>   |   |
| 24b. DATE<br><b>4/10/53</b>   |                                  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Saint Peters Cemetery</b>  |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Calvin F. Feuts, 4828 Natural Bridge Blvd.</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>APR 9 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b>  |   |

(Thursday Sure)

File in City.

APR 23 1953

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 Ralph E. Lindus

Licensed Embalmer No. 4225

P. O. Address St. Louis, Mo

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.