

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19922

State File No. \_\_\_\_\_

FILED JUN 1-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4727

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 TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 2109 3856 Sherman Place					
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle) J.		c. (Last) Spannagel	
4. DATE OF DEATH May 6, 1953.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 31, 1879		9. AGE (In years last birthday) 74	
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Spannagel		13b. MOTHER'S MAIDEN NAME Mary Gimlen	
14. NAME OF HUSBAND OR WIFE deceased.		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. 489-10-6559-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian M. Luecke 1515 Hornsby	
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>Tubercular Anemias</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sudden death</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		21f. HOW DID INJURY OCCUR?  5410	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>May 19 53</u> , to <u>May 6 19 53</u> that I last saw the deceased alive on <u>May 6 19 53</u> and that death occurred at <u>12 Noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Earl Smith, M.D.</u>		23b. ADDRESS <u>4007 1/2 W. Franklin St. St. Louis</u>		23c. DATE SIGNED <u>May 9 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-9-53.		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. MAY 9 1953		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

G.P. (Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....  
*Glenn W. Holz*

Licensed Embalmer No. 373

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.