

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

34690

State File No.

FILED OCT 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 560 Registrar's No. 2562

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>	
c. LENGTH OF STAY (in this place) <u>20Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7626 Natural Bridge Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7626 Natural Bridge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Spanhauer</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30/1953</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 31 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Joseph Spanhauer</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Clemantine</u> ADDRESS <u>7626 Nat. Bridge</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>years</u> <u>442X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cardiovascular renal Disease</u>		
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? _____
--	--	----------------------------------

22. I hereby certify that I attended the deceased from Sept, 1951, to Sept, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 1:00a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Bauer M.D.</u> (Degree or title)	23b. ADDRESS <u>373 Goodfellow</u>	23c. DATE SIGNED <u>10/1/53</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10/1/53</u>	REGISTRAR'S SIGNATURE <u>Heber G. Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> ADDRESS <u>1125 Hodiament Ave.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

1. 17.5.51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Alfred J. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Huddell

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.