

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3299**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0694**

1. PLACE OF DEATH a. COUNTY <b>3</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <b>St. Louis</b>	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: <b>Enroute City Hospital</b>		STREET ADDRESS (If rural, give location) <b>2049 2132 McCausland</b>	
3. NAME OF DECEASED a. (First) <b>MINNIE</b> (Type or Print)		b. (Middle) <b>SPIES</b>	c. (Last) <b>SPIES</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>
8. DATE OF BIRTH <b>Dec. 18, 1881</b>		9. AGE (In years last birthday) <b>72</b>	10. IF UNDER 1 YEAR Days IF UNDER 1 MRS. Hours IF UNDER 1 MRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George P. Spies</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna M. Stroebel</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louise Spies</b>		ADDRESS <b>2132 McCausland Ave.</b>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Monoxide Poisoning</b>		ANTECEDENT CAUSES <b>suffered when deceased inhaled</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>due to</b>		<b>gases emanating from defective furnace in home</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>at 2132 McCausland Ave.,</b>		Conditions contributing to the death but not related to the disease or condition causing death <b>exact time unknown, as</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Jan 20 1954 Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SIGNATURE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo. Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 20 54 3 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>E8920</b>		22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>1207 p.m.</b> , from the causes and on the date stated above. <b>15</b>	
22a. SIGNATURE (Type or title) <b>Gabriel E. Taylor Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>1-22-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan. 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
25. ADDRESS <b>4228 S. Kingshighway Bl.</b>		DATE REC'D BY LOCAL REG. <b>JAN 22 1954</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. ADDRESS <b>4228 S. Kingshighway Bl.</b>	

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.....  
Signature of Student Embalmer

Signed *Edison M. Germain*.....

Licensed Embalmer No. *302*

P. O. Address.....

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.