

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14131  
State File No. ....  
4087

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

1. PLACE OF DEATH a. COUNTY		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)	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <b>St. Louis</b>		e. STREET ADDRESS (If rural, give location) <b>4139 Magnolia Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>Elenora Spellerberg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 8, 1889</b>	9. AGE (in years last birthday) Months Days Hours Min. <b>65</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Highland, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Otto Spellerberg</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Stoempfli</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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>488-10-0178A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nelson Foehner 5236 McCausland</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block, due to</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4/25/54</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown cause,</b>			
	DUE TO (c) <b>perhaps due to (Boeck's) Sarcoidosis</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>138.0</b>	
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?	

22. I hereby certify that I attended the deceased from 1942 to May 5, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Elwood E. Wast</b>		(Degree or title)		23b. ADDRESS <b>4909 Lindenwood</b>		23c. DATE SIGNED <b>5/5/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland City</b>		24d. LOCATION (City, town, or county) (State) <b>Highland, Ill.</b>	

DATE REC'D BY LOCAL REG. <b>MAY 6 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schnur 3125 Lafayette Ave.</b>	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1954

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 *J. B. Ballmer* .....

Licensed Embalmer No. 401  
P. O. Address 3125 7th St

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.