

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6861

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) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital
e. STREET ADDRESS (If rural, give location) 14 6055 Oleatha 21490

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) _____ c. (Last) Spier
4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 5, 1868 9. AGE (In years last birthday) 86 If UNDER 1 YEAR Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Cabinet Maker
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Spier 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Blanche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Blanche Girard ADDRESS 6055 Oleatha

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral H. embolage
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____
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 NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from 7-10, 1954, to 7-23, 1954, that I last saw the deceased alive on 7-22, 1954, and that death occurred at 8:00a m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Bender M.D. (Degree or title) 23b. ADDRESS 634M Grand 23c. DATE SIGNED 7-23 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-26-54 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. JUL 23 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.

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 *Robert M. Murr*.....
Licensed Embalmer No. *374*

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.