

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25861

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>739</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. LENGTH OF STAY (If in this place) <u>25 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton 4820</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9701 Gravois</u>				d. STREET ADDRESS (If rural, give location) <u>9701 Gravois</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u>			b. (Middle) <u>M</u>		c. (Last) <u>Spilker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 6, 1900</u>		9. AGE (In years last birthday) <u>54</u>	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) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm. Hahn</u>			13b. MOTHER'S MAIDEN NAME <u>Wm. Anger</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Spilker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Edward Spilker 9701 Gravois</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 AMs</u>
				ANTECEDENT CAUSES DUE TO (b) <u>Heart Exhaustion</u>				<u>12 hours</u>
				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		9:310 222		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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>750</u>				
22. I hereby certify that I attended the deceased from <u>July 14 1954</u> to <u>July 15 1954</u> , that I last saw the deceased alive on <u>July 15, 1954</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Herman J. Greulich, MD</u>				23b. ADDRESS <u>3941 Holly Hills Blvd</u>		23c. DATE SIGNED <u>July 16 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/19/54</u>		REGISTRAR'S SIGNATURE <u>Robert R. Rombe, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>				

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

Student Embalmer

Signed

E. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Gravois

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.