

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39557
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 445 Registrar's No. 2403

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

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) <u>Maplewood</u>		c. CITY OR TOWN <u>Maplewood</u> <u>H 55 4</u>	
c. LENGTH OF STAY (In this place) <u>18 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2831 Bartold Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>2831 Bartold Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14th 1954</u>	
a. (First) <u>EDWARD</u>		b. (Middle) <u>W.</u>	
c. (Last) <u>SPREEN</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 12th 1873</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - 4615</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>4615</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Spreen</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE (late) <u>Clara Spreen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vilma Arensmeyer</u>	
		ADDRESS <u>Above</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of liver with multiple pulmonary metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
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 <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) <u>1561</u>	
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 <u>July 16, 1954</u> , to <u>October 14, 1954</u> , that I last saw the deceased alive on <u>Oct 14, 1954</u> , and that death occurred at <u>3 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Vincent F. Townsend MD</u>		23b. ADDRESS <u>3101^a Sutton Ave Maplewood Mo</u>	
		23c. DATE SIGNED <u>10.14.54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/14/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RAY B. SMITH, Maplewood, Mo.</u>	
		ADDRESS _____	

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.....
H. E. Burgess

Licensed Embalmer No. 402

P. O. Address *H. Appleton*

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.