

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39572

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 546 Registrar's No. 2418

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) OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> <u>423</u>	
c. LENGTH OF STAY (in this place) <u>50 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>2419-Goodale Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>2419-Goodale Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>John</u> c. (Last) <u>Spies</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19, 1874</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookbinder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stationary</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Spies</u>	
13b. MOTHER'S MAIDEN NAME <u>Barbara Braun</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Spies</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-07-9750</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Spies</u>		ADDRESS <u>2419-Goodale Av-Overland</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>Myocarditis (chronic)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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) (Min.) _____	
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>Oct 3, 1952</u> , to <u>Oct 15, 1954</u> , that I last saw the deceased alive on <u>Oct 10, 1954</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. E. Sterling MD</u> (Degree or title)		23b. ADDRESS <u>2050 North South Rd St Louis Mo</u>	
23c. DATE SIGNED <u>10-16-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>10-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10/16/54</u>	
REGISTRAR'S SIGNATURE <u>Richard L. Amberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumenthal/3006 Mo.</u> ADDRESS <u>3504-Woodson Rd-Overland, Mo.</u>	

(Licensed Embalmer - Placement on Reverse Side)

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

No. 300

10-48

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 *David C. Gebrian*

Licensed Embalmer No. *340*

P. O. Address *Overland*

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.