

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10219**  
Registrar's No. **2751**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2751</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>37 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Incarinate Word Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2214a Ohio Avenue</b>				<b>22070</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NAOMI</b>			b. (Middle) <b>(Oma)</b>		c. (Last) <b>SPANGLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1955</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 27, 1896</b>		9. AGE (In years last birthday) <b>59</b> 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) <b>floor lady</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>pen mfg. &amp; rep.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Neal Helton</b>			13b. MOTHER'S MAIDEN NAME <b>Judith Carson</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Spangler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Spangler, 2214a Ohio Avenue</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>Medical Certification: I acute heart failure</b> <b>Myocardial Infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Plenum Effusion Bilateral</b> DUE TO (c) <b>chronic heart failure</b>						INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>						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)					
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? <b>4222</b>					
22. I hereby certify that I attended the deceased from <b>3-1-55</b> , 19 <b>55</b> , to <b>3-25</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3-25</b> , 19 <b>55</b> , and that death occurred at <b>6:10 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Clara Smith md</b> (Degree or title)				23b. ADDRESS <b>3288 Smith</b>			23c. DATE SIGNED <b>3-26-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar. 28, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>MAR 28 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith md</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>				

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 .....

Licensed Embalmer No. 4520

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.