

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31807

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2144

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirkwood | | c. LENGTH OF STAY (in this place) 2 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | STREET ADDRESS (If rural, give location) 6600 Washington | |
| 3. NAME OF DECEASED a. (First) Selma | | b. (Middle) I. | |
| | | c. (Last) Spring | |
| 4. DATE OF DEATH Sept. 12, 1955 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Feb. 9, 1870 | | 9. AGE (In years last birthday) 85 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Hot Springs, Arkansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Poer | | 13b. MOTHER'S MAIDEN NAME Mattie Johnson | |
| | | 14. NAME OF HUSBAND OR WIFE Lee Spring | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. None | |
| | | 17. INFORMANT'S SIGNATURE OR NAME David F. Orwig, 630 Couch | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease 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 4200 | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from June, 1955, to 9/12, 1955, that I last saw the deceased alive on 9/11/55, 1955, and that death occurred at 6:30 A. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Frank Catanzaro M.D. | | 23b. ADDRESS 634 N. Grand, St. Louis | |
| 23c. DATE SIGNED 9/13/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9/14/55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. 9-13-55 | | REGISTRAR'S SIGNATURE Herbert B. Domb M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, Kirkwood 22, Mo. | | ADDRESS | |

S.G. (Licensed Embalmer's Statement on Reverse Side)

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

Signature *William H. Pitzinger*
Licensed Embalmer No. *131*
P. O. Address *Kokomo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.