THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1956

State File No. 11961

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 807

1. PLACE OF DEATH
a. COUNTY: St. Louis County.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bel - Nor,
c. LENGTH OF STAY (in this place): AB 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #8301 Racquet Drive.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St, Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bel - Nor 4180
d. STREET ADDRESS (If rural, give location): #8301 Racquet Drive,

3. NAME OF DECEASED (Type or Print)
a. (First): ERNST
b. (Middle): HENRY
c. (Last): SPELLMEYER.

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1956.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married,
8. DATE OF BIRTH: Sep't 15, 1910.
9. AGE (In years last birthday): 45. 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): Executive V. P. American Furnace Co.,
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ernst Henry Spellmeyer.
13b. MOTHER'S MAIDEN NAME: Emma Ameling.
14. NAME OF HUSBAND OR WIFE: Ethel Mae Spellmeyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs E. H. Spellmeyer, 8301 Racquet Dr.

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26-44, ~~19~~, *to* March 3, 1956, *that I last saw the deceased alive on* March 2, 1956, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Roberts
23b. ADDRESS: 110 S. Central
23c. DATE SIGNED: 3-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 3/27/56.
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery.
24d. LOCATION (City, town, or county) (State): #7800 St. Charles Rock Road.

DATE REC'D BY LOCAL REG.: 3-26-56
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. R. Lupton & Sons, #7233 Delmar Blv'd.,

(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 .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.