FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36228

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9057

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hosp. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4112 Juniata — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): ANNA (A) Margaret (First) MARGARET (M) (Middle) SPARGO (Last)

4. DATE OF DEATH: October 2, 1956 (Month Day Year)

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: July 9 1893

9. AGE (In years last birthday): 63 — 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): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: R.H.Tillson Co

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Schneider

14. MOTHER'S MAIDEN NAME: Anna Bohler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495 26 8786

17. INFORMANT: William G Spargo — Address: 4512 Jenkins La

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sarcoma of omentum & — INTERVAL BETWEEN ONSET AND DEATH: not known

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gen. Abdominal spread, +

DUE TO (c) partial bowell obstruction.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Atelectasis of upper portion of Lower Rt Lung

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

158 X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/27/56 to 10-2-56 and last saw her alive on 10-1-56

Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] M.D. (Degree or title)

22b. ADDRESS: 7602 S. Brody.

22c. DATE SIGNED: 10-3-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct 5 1956

23c. NAME OF CEMETERY OR CREMATORY: New St Marcus

23d. LOCATION (City, town, or county) (State): St Louis Cty Mo

24. FUNERAL DIRECTOR: E.J.Schnur — ADDRESS: 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: OCT 3 1956

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Lenwick

Licensed Embalmer No. 37

P. O. Address 3125 Lag

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.