

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39823**
9600
Registrar's No.

FILED NOV 26 1956

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN 40031 Kirkwood		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 St. Lukes Hospital				e. STREET ADDRESS 610 Dougherty Ferry Rd.									
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)				
LILLIAN			F.		SPANGLER		Oct. 20, 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 15, 1908		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 7 Days 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop Owner		11. BIRTHPLACE (City and State or Foreign Country) Walsh, Ill.		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Henry Smith				13b. MOTHER'S MAIDEN NAME Elizabeth Petry				14. NAME OF HUSBAND OR WIFE Arthur Spangler					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 493-09-0442		17. INFORMANT'S SIGNATURE OR NAME Arthur Spangler						ADDRESS 610 Dougherty Ferry Rd.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Med. Cert. Glioblastoma (Glioblastoma)								INTERVAL BETWEEN ONSET AND DEATH 8 Mos.	
				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 2-28-56				19b. MAJOR FINDINGS OF OPERATION None								20. AUTOPSY? YES <input checked="" 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) (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 20 Feb , 19 56 , to 20 Oct , 19 56 , that I last saw the deceased alive on 20 Oct , 19 56 , and that death occurred at 4P. m., from the causes and on the date stated above.													
23a. SIGNATURE Bruce Kenamore M.D.						23b. ADDRESS 600 Union St. Louis 8				23c. DATE SIGNED 22 Oct 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/28/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. OCT 22 1956				REGISTRAR'S SIGNATURE Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc. Kirkwood				ADDRESS via	

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 *Francis J. [Signature]*.....
Licensed Embalmer No. 4512

P. O. Address *Richardson*.....

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.