

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30232**

FILED SEP 10 1957

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>1884</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>				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 TOWN <b>University City, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2wks</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>01 7129 Kingsbury Place</b>				e. STREET ADDRESS (If rural, give location) <b>2310 2320 Whittemore</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b>			b. (Middle) <b>Nora</b>		c. (Last) <b>Spreck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1957</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>Aug. 14, 1878</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 10 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kept House</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Michael Godfrey</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>George E. Spreck</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Don't Know</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George E. Spreck 2320 Whittemore</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>  <b>6 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> 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) <b>331X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>May 10, 1952</b> to <b>July 27, 1957</b> , that I last saw the deceased alive on <b>July 27, 1957</b> , and that death occurred at <b>5:28 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John G. Matthew M.D.</b>				23b. ADDRESS <b>3707 Watson Rd</b>		23c. DATE SIGNED <b>7-29-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		
DATE REC'D BY LOCAL REG. <b>7-29-57</b>		REGISTRAR'S SIGNATURE <b>Herbert H. Dossler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros 2201 S. Grand Blvd.,</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr John S. Matthews  
3707 Natam Rd  
St. 1-3886  
1-4-

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 *W E Morris*.....

Licensed Embalmer No. 336

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.