

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007849
STATE FILE NUMBER
1471
Registrar's No.

FILED MAR 10 1958

Registration District No. 318 Primary Registration District No. 1003

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-57

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|--|---------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Ferguson 4109 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp. | | Length of stay in lb 2 days | d. STREET ADDRESS (If outside, give location) 27 928 Olympia Dr. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HERBERT CARL SPONGBERG | | | 4. DATE OF DEATH Month Day Year Feb. 6, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 27, 1913 | 9. AGE (In years less birthday) 44 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative | | 10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co. | 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Carl A. Spongborg | | 13b. MOTHER'S MAIDEN NAME Anna Oberg | | 14. NAME OF HUSBAND OR WIFE Olga J. Spongborg | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2 | | 16. SOCIAL SECURITY NO. 337-05-6755 | 17. INFORMANT Address Olga J. Spongborg, 928 Olympia Dr. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lympho Sarcoma</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>2001</i> | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 Jan 1953 to Feb 6, 1958 and last saw him alive on Feb 5, 1958 Death occurred at <i>4 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>J. P. Johnson M.D.</i> (Degree or title) | | | 22b. ADDRESS <i>Ferguson Mo</i> | | 22c. DATE SIGNED <i>2-7-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL <i>Removal</i> | | 23b. DATE <i>2-10-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i> | |
| 24. FUNERAL DIRECTOR <i>WHITE CHAPEL, FERGUSON, MISSOURI</i> ADDRESS | | | 25. DATE RECD. BY LOCAL REG. <i>FEB 8 '58</i> | 26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i> <i>S.P.</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, contour, etc. must be only standard nomenclature on form. All diseases in Part I must be causally related.

MAR 10 1958

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 Eleuterio _____

Licensed Embalmer No. 3403 _____

P. O. Address Jennings, Missou

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.