

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030978
STATE FILE NUMBER
8408

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		STREET ADDRESS (If outside, give location) 6383 Smiley	
3. NAME OF DECEASED (Type or print) First Middle Last Caroline Spaeth		4. DATE OF DEATH Month Day Year 8-29-1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? Nat-By marriage		13. FATHER'S NAME Joseph Lutz	
14. MOTHER'S MAIDEN NAME Unknown		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. None		17. INFORMANT Address Frank J. Spaeth 6383 Smiley Ave.,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] a. IMMEDIATE CAUSE (a) Heart Failure St. Louis 9, Mo., b. DUE TO (b) Shock E904.21 c. DUE TO (c) Fractured Left Hip			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall at home 2	
20c. TIME OF INJURY Hour Month, Day, Year ? 8-27-58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3 Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo. 000	
21. I attended the deceased from 1954 to 8-29-58 and last saw her alive on 8-28-58 Death occurred at 12:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. Steiner MD		22b. ADDRESS 3903 Olive St	
22c. DATE SIGNED 8-31-58		23a. BURIAL CREMATION Buried (Specify)	
23b. DATE 9-2-1958		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis Missouri		24. FUNERAL DIRECTOR'S NAME AND ADDRESS Hofmeister Colonial Mortuary 614 Chippewa Street, St. Louis 9, Mo.	
25. DATE RECD. BY LOCAL REG. SEP 2 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, MD	

Health, Welfare Public Service
300-1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3903 081111
Se 15260
Pa 1-091000 - 10091000

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 *Bill C. Branson*.....

Licensed Embalmer No. *47*

P. O. Address *St Louis*

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.