

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041840

STATE FILE NUMBER

NOV 21 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's **10774**

300  
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6507 ARSENAL</b>		Length of stay in 1b	d. STREET ADDRESS <b>6507 ARSENAL</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>LOUISE</b>			First	Middle	Last
4. DATE OF DEATH <b>Nov 8 1958</b>			Month	Day	Year
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 8, 1896</b>		9. AGE (In years last birthday) <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>KIMMSWICK, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>AUGUST SPAETH</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE STEINKAMP</b>	
14. NAME OF HUSBAND OR WIFE <b>LESTER L.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (if yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>LESTER L LARKIN</b>		Address <b>6507 ARSENAL</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cerebral hemorrhage</b> <b>arteriosclerosis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>331x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>4 yrs.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <b>May 2 1954</b> to <b>Nov 8 1958</b> and last saw her alive on <b>Nov 8 1958</b> Death occurred at <b>10:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>John G. Matthews</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>3707 Watson Rd.</b>		22c. CITY, TOWN, OR LOCATION <b>St. Louis</b> (State) <b>Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>		23b. DATE <b>11/12/1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 10 1958</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		27. (Licensed Embalmer's Statement on Reverse Side)		28. <b>S.P.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald Benz* .....

Licensed Embalmer No. *4463* .....

P. O. Address *St Louis Mo* .....

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.