RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12636 60-047950 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3435 Shenandoah
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3435 Shenandoah
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Edward Middle Richard Last Spellerberg
4. DATE OF DEATH: Month Dec Day 31 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug 31, 83
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Pet Milk Co
11. BIRTHPLACE (City and state or country): Highland Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Otto Spellerberg
13b. MOTHER'S MAIDEN NAME: Anna Stemplie
14. NAME OF HUSBAND OR WIFE: Josephine Raith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488 01 3916
17. INFORMANT: Josepine Raith Address: 3435 Shenandoah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Mar 1960 to 12/31/60 and last saw her him alive on 12/29/60
Death occurred at 10:30A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph Berg MD
22b. ADDRESS: 3203 So.Grand
22c. DATE SIGNED: 12/31/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Jan 2,1960
23c. NAME OF CEMETERY OR CREMATORY: Missouri
23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR: E.J.Schnur ADDRESS: 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: JAN 3 1961
26. REGISTRAR'S SIGNATURE: Ford Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Thomas R. Lens

Licensed Embalmer No. 379

P. O. Address 3/25 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.