SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-023200

STATE FILE NUMBER

AMENDED FILED JUL 7 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6148

DATE AMENDED 7-2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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: Faith Hospital — 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): 5608 Cote Brilliante — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jane Middle: Last: Spieler

4. DATE OF DEATH Month: June Day: 29, Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/26/1891

9. AGE (last birthday): 69

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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Postal Clerk

11. BIRTHPLACE (City and state or country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Thomas Dwyer

13b. MOTHER'S MAIDEN NAME: Nellie Dunsworth

14. NAME OF HUSBAND OR WIFE: George

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.: None

17. INFORMANT: Lester Dwyer, 5700 Cote Brilliante Address

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): Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Rheumatic Mitral Heart Disease with Mitral Stenosis — 40 yrs

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 410X

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 6/20/61 to 6/29/61 and last saw her alive on 6/26/61

Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A Bauer MD

22b. ADDRESS: Northland Med Bldg

22c. DATE SIGNED: 6/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-3-61

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Mo.

24. FUNERAL DIRECTOR ADDRESS: Bensiek-Niehaus Morticians, 1431 Union

25. DATE RECD. BY LOCAL REG.: JUL 1 1961

26. REGISTRAR'S SIGNATURE: Karl Leitl M.D.

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 Robert M. Murray

Licensed Embalmer No. 3749

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.