MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017606

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1255

FILED APR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4000
2 8120 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MANCHESTER — Length of stay in 1b: 10 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PINE CREST HOME DIV 2 — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Madison
c. CITY OR TOWN: East Alton — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 812 Bee Tree Lane — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: DAVID — Middle: ALLEN — Last: SPAETH
4. DATE OF DEATH: Month: APRIL — Day: 21 — Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-19-58
9. AGE (last birthday): 3 YRS. — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): ALTON ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John M. Spaeth
13b. MOTHER'S MAIDEN NAME: Charlotte Koonce
14. NAME OF HUSBAND OR WIFE: None
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: John M. Spaeth, 812 Bee Tree Lane East Alton, Ill.

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): HYDRO-CEPHALUS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DEVELOPMENTAL BIRTH ANOMALY
DUE TO (c):
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): NONE -
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 APRIL 1, 1962 to APRIL 21, 1962 and last saw her/him alive on APRIL 20, 1962
Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. R. Loving, M.D.
22b. ADDRESS: BALLWIN, MO.
22c. DATE SIGNED: 4-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-23-62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Macon Co., Ill.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: 4-23-62
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4106

P. O. Address St Francis Me

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.