

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH **ST. LOUIS** Registration District No. **1123**
 County **ST. LOUIS** File No. **38140**
 Township **CARONDELLET** Primary Registration District No. **5548**
 City **St. Louis, Mo.** Registered No. **445**
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Spahy (Kogalski)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 1, 1883**
 7. AGE YEARS **44** MONTHS **4** DAYS **25** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Salesman**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Humboldt's**
 (c) Name of employer **Lime and Cement Co**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Fred Spahy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Christine Rudolph**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

14. INFORMANT **James Spahy**
 (Address) **R.R. #7, O'Fallon, Mo.**

15. FILED **Dec. 26** 19**27** **L. E. Oberlin, Jr., M.D.** REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 25 1927**
 17. I HEREBY CERTIFY That I attended deceased from **Dec. 25** 19**27** to **Dec. 25** 19**27** that I last saw him alive on **Dec. 25** 19**27**, and that death occurred, on the date stated above, at **12 Noon**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

CONTRIBUTORY (SECONDARY) **89** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Exam -**
 (Signed) **W. Wagula**, M. D.

Dec 26, 1927 (Address) **5805 Bienville**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Johns** DATE OF BURIAL **Dec. 28 1927**

20. UNDERTAKER **Math. Hermann and Son** ADDRESS **4103 West Florissant**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

