WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13297

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. 3863

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

**2. FULL NAME** David E. Spathelf, Jr.

(a) Residence. No. 7170 Waterman Ave 12 Ward. Louis Co - NW
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1906

7. AGE: Years 23 | Months 2 | Days 27 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Toll Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Bell Telephone Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: David E. Spathelf, Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Charlotte Robison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mr J E Spathelf
(Address) 7170 Waterman Ave

15. FILED ....., 19.... Max C Starkey
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/22/29, 19..., to 3/28/29, 19..., that I last saw him alive on 3/28/29, 19..., and that death occurred, on the date stated above, at 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric ulcer, perforated
117A
25B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Acute dilatation of Heart
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/22/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Sam T Bassett, M. D
3/28/29 (Address) 5427 Delmar

*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: Oak Grove Cemetery | DATE OF BURIAL: April 1, 1929

20. UNDERTAKER: Drehmann Hanal | ADDRESS: 1905 Union

Dr. [illegible]
5427 [illegible]
[illegible] 0392
2-3