

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

Do not use this space.

29318

**1. PLACE OF DEATH**

County Jackson Registration District No. 1398  
 Township New Primary Registration District No. 2903  
 City Kansas City Ne ambulance N. (General Hosp.) (If nonresident, give city or town and State) Ward 2492

**2. FULL NAME**

(a) Residence, No. Louis J. Sprekelmeyer St. unknown Ward. unknown  
 (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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Hazel R. Marsh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>guess 33</u>	YEARS <u>33</u>	MONTHS <u></u>
	DAYS <u></u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>formally 251</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>accountant</u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	
11. Total time (years) spent in this occupation <u></u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo.</u>		
FATHER	13. NAME <u>Louis J. Sprekelmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington mo.</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Trentman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington mo.</u>	
17. INFORMANT <u>Henry Joseph Koerner</u> (ADDRESS) <u>5358 N. Sherman or Adams St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis mo</u> DATE <u>9-17</u> 19 <u>32</u>		
19. UNDERTAKER <u>Eglew Funeral Home</u> (ADDRESS) <u>1800 Linwood Blvd.</u>		
20. FILED <u>9/15</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>ass. Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1932

22. I HEREBY CERTIFY That I attended deceased from Dr. J. P. ... 1932  
 I last saw him alive on 9-13, 1932 Death is said to have occurred on the date stated above, at 11:20 pm.  
 The principal cause of death and related causes of importance were as follows:  
accidental automobile Date of onset 9-13-32  
left road  
 Other contributory causes of importance: left road  
 Name of operation  Date of   
 What test confirmed  Was there an autopsy?   
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury   
 Where did injury occur?  (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.   
 Manner of injury   
 Nature of injury   
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify   
 (Signed) J. P. ... M. D.  
 (Address) ...

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.

