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.

33553

File No.

Registered No. 8801

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 1103

City St. Louis Mo. (No. City Hosp. St. ..... Ward)

2. FULL NAME Gottlieb Sprengermann

(a) Residence, No. 1922 Palm St. St., 26 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Gottlieb Sprengermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Amelia Hoechtey
(ADDRESS) 1922 Palm St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 3 1932

19. UNDERTAKER Henry Leidner Undertaker
(ADDRESS) 1417 N. Market St.

20. FILED OCT -3 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia (fractured femur) received while street by auto at Blair & Hebert St Louis Mo	
Other contributory causes of importance: (Pulmonary) Whether accidental or criminal not ascertained	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

5

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 9/21, 1932

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by auto

Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm V Dwyer M. D.

(Address) Coroner