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.

1. PLACE OF DEATH

County ..... Registration District No. 791 003 File No. 11213

Township ..... Primary Registration District No. ..... Registered No. 2264

City St. Louis, Mo. (No. 3530, Grace Ave. St. ..... Ward)

2. FULL NAME Theresa L. Spiess

(a) Residence, No. 3530 Grace Ave. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13th 1854

7. AGE: YEARS 78 | MONTHS 7 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work.
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

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

FATHER

13. NAME: Charles Loewe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sophia Standhardt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): August Spiess Jr. 3530 Grace Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia, Illinois DATE March 9th 1933

19. UNDERTAKER (ADDRESS): Hauck & Schmitt 3732 S. Grand Blvd.

20. FILED MAR -7 1933 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 5 1933, to Mch 6, 1933
I last saw her alive on Mch 6, 1933 Death is said to have occurred on the date stated above, at 12.05 m. p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3/2/33

108 108

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19.....
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? No
If so, specify
(Signed) [signature], M. D.
(Address) 2926 S Grand