

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

Do not use this space.

18282

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1300
City St. Louis (No., City Hospital St. Ward)

File No.
Registered No. 4504
St. Ward)

2. FULL NAME

Fred Spanberger
(a) Residence, No. 5121 Robin Ave. St., 6 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>7</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner
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) St. Louis Mo

13. NAME Jacob Spanberger

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

15. MAIDEN NAME Francis Burita

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

17. INFORMANT (ADDRESS) Jos. Spanberger 5121 Robin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 24 1933

19. UNDERTAKER (ADDRESS) Bronnburg Ind. Co. 4740 St. Louis ave.

20. FILED 5/23/33 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:10 P.M.

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

Myocardial Infarction
Chronic Interstitial Nephritis
to

Other contributory causes of importance:

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

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

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

Accident, suicide, or homicide? L 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..... L

Nature of injury.....

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

If so, specify

(Signed) Harold P. DeWitt

(Address) Deputy Registrar

5/23/33

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.

1945

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, including a header section with fields for TO, FROM, and SUBJECT, and a main body of text that is mostly illegible due to blurring and low contrast.]