

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

Do not use this space.

27520

1. PLACE OF DEATH

County St. Louis County Registration District No. 785
 Township St. Louis Precinct Registration District No. 3037
 City St. Louis, Mo. Kirkwood Precinct Kirkwood St. Mo. Ward

2. FULL NAME

(a) Residence, No. 2528 Spilker St. 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. 7 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Fred W. Spilker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 9 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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 Fred W. Spilker

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

15. MAIDEN NAME Dora Hueckraeger

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

17. INFORMANT Fred W. Spilker
 (ADDRESS)

18. BURIAL CREMATION OR REMOVAL PLACE New Parkers DATE Aug-10-24

19. UNDERTAKER Henny Lechner Und Co
 (ADDRESS) 147 N. Market St

20. FILED 8/9 33 C E Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1933, to 8/7 1933

I last saw her alive on 8/7 1933 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Acute Cardiac Decease Date of onset 8/7/33

54
131
75B

Other contributory causes of importance:
Diabetes Mellitus 8/1/35
Chronic nephritis 8/1/35
Hypertension 8/1/35

Name of operation none Date of

What test confirmed diagnosis Microscopic 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 , 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) C. A. Healy, M. D.
 (Address) Kirkwood, Mo.

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 very important.

