

**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. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5481, Shreve Ave) St. _____ Ward _____

File No. 31588
 Registered No. 8295

2. FULL NAME

(a) Residence, No. 5481 Shreve Ave 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. 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) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. S. Spordler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1846
 7. AGE YEARS 87 MONTHS 3 DAYS 19 If LESS than 1 day, hrs. or min.

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

13. NAME Fahn Walter

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Chas. Spordler (ADDRESS) 5481 Shreve Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Sept 25, 1933

19. UNDERTAKER Grumacher's Undertaking Co (ADDRESS) 4740 St. Albans St

20. FILED 65 332 19 33 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1933
 22. I HEREBY CERTIFY That I attended deceased from Sept 14, 1933 to Sept 22, 1933
 I last saw him alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 9:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Anterior sclerosis
97
 Other contributory causes of importance:
Senile Marasmus

Name of operation None Date of _____
 What test confirmed diagnosis? by microscope 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) J. Bredeck, M. D.
 (Address) 1507 Easton Ave

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.

65-332-1933

10
13
15

