

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

OK
Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **2916** **St. Vincent**)

File No. **26915**
Registered No. **7148**
St. Ward)

2. FULL NAME

Minnie Sprechelmeyer
(a) Residence, No. **2916 St. Vincent St.**, **17** Ward. (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 John Sprechelmeyer.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1865		
7. AGE	YEARS	MONTHS
	69.	4
		DAYS
		29
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deaf.	
	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) Berger Mo		
FATHER	13. NAME Albert Koeller	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.	
MOTHER	15. MAIDEN NAME Louise Meyer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.	
17. INFORMANT Meta Sprechelmeyer. (ADDRESS) 2916 St. Vincent St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Lawn Co. July 24, 1936		
19. UNDERTAKER Geismeyer Funeral Home Inc. (ADDRESS) 1936 St. Louis Ave.		
20. FILED 20 19 36 Joe J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 20, 1932**, to **July 19, 1936**

I last saw **her** alive on **July 17, 1934**. Death is said to have occurred on the date stated above, at **8a.** m.

The principal cause of death and related causes of importance were as follows:
**Tachio Rupture Fistula
Cancer
Infection Toxemia**

Other contributory causes of importance: **None**

Name of operation **None** Date of **None**

What test confirmed diagnosis? **None** Was there an autopsy? **No**

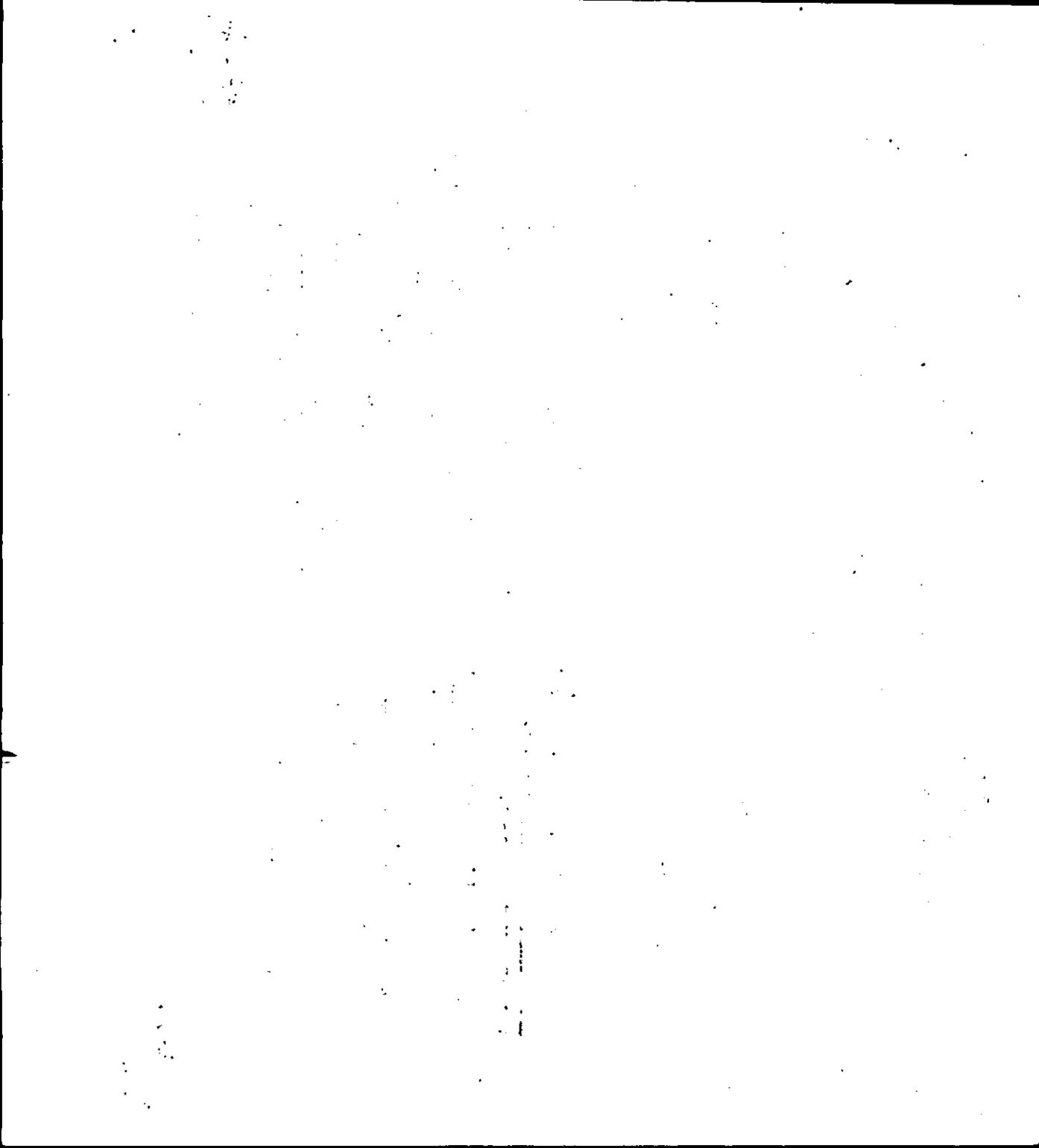
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **None**

(Signed) **G. T. Wieland**, M. D.
(Address) **3140 So. Grand, St. Louis 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 is very important. AUG 16 1936



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No.)

File No. 26915

Registered No. 7148

St. Ward)

2. FULL NAME

Minnie Spueckelmeyer

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 4 29

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 3-1-1935 J. J. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

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

to have occurred on the date stated above, at..... m.

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

Rectal fistula Date of onset

concer rectum

Other contributory causes of importance:

46

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J. J. Weiland, M. D.

(Address) 3140 So Grand

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

FEB 1 1 1935

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