

**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**
 Township..... Primary Registration District No. **1003**
 City, **St. Louis** (No. **3514 University**)..... St. **10** Ward.....

File No. **26919**
 Registered No. **7152**

2. FULL NAME

Emilie Caspenschied
 (a) Residence, No. **3514 University** St. **10** Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. **1** mos. **10** da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 19, 1863**

7. AGE YEARS **70** MONTHS **8** DAYS **0** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
 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 **John A. Stenger**

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

15. MAIDEN NAME **Anna Lindemann**

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

17. INFORMANT (ADDRESS) **Emilie Caspenschied 3514 University St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **July 23, 1934**

19. UNDERTAKER (ADDRESS) **Adrian P. Galt 2707 N. Grand**

20. FILED **20** 1934 **19** **Joe S. Bredeck** 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 **June 15, 1934** to **July 19, 1934**
 I last saw him alive on **July 19, 1934**. Death is said to have occurred on the date stated above, at **9 p. m.**
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia following post-splenectomy and arterial sclerosis
1076
57819
 Other contributory causes of importance: **Chronic arthritis**
77

Date of onset

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) **A. H. Keeler**..... M. D.
 (Address) **2206 Howard St.**

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 1934

A. F. Henke