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.

100M-11-24-33

OCT 11 1934

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

Do not use this space.

31481

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. Firmin Desloge Hospital. St. ..... Ward)

File No. 8830

Registered No. .....

2. FULL NAME Edward D. Spindler

(a) Residence, No. 3555 Michigan Ave. St., 16 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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30, 1860.

7. AGE: YEARS 74 | MONTHS 2 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 4 yrs.

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: Simon Spindler.

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

MOTHER

15. MAIDEN NAME: Mary Erni

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

17. INFORMANT (ADDRESS): Mrs. E. J. Meyer 4117 Parker Ave.

18. BURIAL, CREMATION, OR REMOVAL: Park Lawn Cemetery. DATE Sept. 3, 1934.

19. UNDERTAKER (ADDRESS): J. H. Gebken L. & U. Co. 2842 Meramec St.

20. FILED SEP 1934, 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to Aug 31, 1934

I last saw him alive on Aug. 30, 1934. Death is said to have occurred on the date stated above, at 12 40 P. m.

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

	Date of onset
Intestinal obstruction	8/27/34
Peritonitis	
Perforative ulceration of	
46C Sigmoid	
12-2-B	

Other contributory causes of importance:

Carcinoma of Sigmoid	1932
1-4	

46

Name of operation Laparotomy Date of 8/30/34

What test confirmed diagnosis? X-Ray and Was there an autopsy? Yes

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) A. H. Cleveland, M. D.

(Address) 3326 Meramec St