

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.

OCT 11 1934

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

1091
1003

Do not use this space.

34712

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *1311 Blinton St*)..... St. Ward)

File No.....
Registered No. *9574*

2. FULL NAME

William Spereen
(a) Residence, No. *1311 Blinton St* St. *26* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 9th 1867*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer*
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 *William Spereen*

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

15. MAIDEN NAME *Not known*

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

17. INFORMANT *Mrs. Spereen* (ADDRESS) *1311 Blinton St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Pickers* DATE *Sept 29 1934*

19. UNDERTAKER *764 Leidner Trust Co* (ADDRESS) *1407 N. Market St*

20. FILED *SEP 28 1934* *J. Bredeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 26th 1934*

22. I HEREBY CERTIFY that I attended deceased from *Sept 15 1934* to *Sept 26 1934*

I last saw him alive on *Sept 26 1934* Death is said

to have occurred on the date stated above, at *6:10 P. m.*

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

Cerebral Apoplexy 9/15/34 (Date of onset)

Other contributory causes of importance: *Chronic myocarditis & arterio sclerosis*

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 *Alto W. Engelman*, M. D. (Signed) *504 S. Vernon Ave* (Address)

Journal of the
3043 3rd Ave