

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.

NOV 13 1934

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

Do not use this space.

37390

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

St. Louis

(No. *4601*, Page *5*)

File No.....

Registered No. **9803**

St.....

Ward.....

2. FULL NAME *Gottlieb S. Spilker*

(a) Residence, No. *2576 Palmer*

(Usual place of abode)

St. *20*

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.

da.

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:

Anna Spilker

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

Apr. 23, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

5

11

OCCUPATION

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

Watchman

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

Terminal R.R.

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

FATHER

13. NAME

Gottlieb Spilker

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

Germany

MOTHER

15. MAIDEN NAME

Friederika Kuhlmann

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

Germany

17. INFORMANT (ADDRESS)

Lillian Spilker 5520 Federal Dodge

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Anthony Cem

DATE

Oct 8, 1934

19. UNDERTAKER (ADDRESS)

Weidharden Funeral Home Inc. 1934 St. Louis Ave

20. FILED

OCT - 7, 1934

J. F. Brudick

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

Oct. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Syn 30, 1934, to Oct 4, 1934

I last saw him alive on *Oct 4, 1934* Death is said

to have occurred on the date stated above, at *8:00 P.M.*

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

Chronic valvular Heart Disease, Arterio-sclerotic Hypertension

Other contributory causes of importance:

HTA, DM, IHD

Name of operation *none* Date of *none*

What test confirmed diagnosis? *Clinical* 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 _____

(Signed) *John A. Doe*, M. D.

(Address) *1492 Woodman av.*

