

JAN 25 1937

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Emmas home*

County *St. Charles*  
Township *St. Charles*  
City *St. Charles* (No. \_\_\_\_\_)

Registration District No. *757*  
Primary Registration District No. *5998*

File No. *145955*  
Registered No. *719*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Anna Elizabeth Spellbrink*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

*Westville, Mo. R.R. #*  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4 yrs. 6 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4, 1850*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*86 8 3*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*  
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) *1930* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Femme Osage Missouri*

FATHER 13. NAME *Mr. Bergesch*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER 15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "  
17. INFORMANT (ADDRESS) *Theophil Stoerker Emmas home - St. Charles, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Emmas Cem.* DATE *Apr. 10 1936*

19. UNDERTAKER (ADDRESS) *Steinbrinker Und. Co. St. Charles, Mo.*

20. FILED *12/10 1936 Clarence S. Mueller Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *December 7, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 26, 1932 to Dec 22, 1936*  
I last saw him alive on *Dec 10, 1936* Death is said to have occurred on the date stated above, at *10:25 p.m.*  
The principal cause of death and related causes of importance were as follows:

*Hypostatic congestion of lungs*  
*EM*

Other contributory causes of importance: *Endarteritis obliterans w/old dry gangrene*  
*Insult. Sclerosis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis *Biopsy of heart muscle*

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) *Alfred Schurz, M.D.*  
(Address) *St. Charles, Mo.*

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.

