

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FULL OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
 Township Dardenne
 City St. Peters (No. _____, _____ St. _____ Ward)

Registration District No. 160 B
 Primary Registration District No. 4581

File No. 21171
 Registered No. 27

2. FULL NAME Mrs. Minnie Spreckelmeyer

(a) Residence, No. _____ St. _____ Ward. _____
 (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. (If nonresident, give city or town and State)

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 Fred Spreckelmeyer Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 ## 6 16

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Geo. & Fred Spreckelmeyer (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE 5-30-37 19

19. UNDERTAKER Geo. Stiefvater (ADDRESS) St. Peters, Mo.

20. FILED May 28 1937 E. A. Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-37 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1936, to May 27 1937

I last saw her alive on May 26 1937. 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
Cardio-renal-vascular disease

Date of onset 5-22-37

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. M. Jenkins, M. D.
 (Address) St. Charles, Mo.

