

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

32411

Do not use this space.

1. PLACE OF DEATH- OCT 4 1937

(a) County.....
 (b) Township.....
 (c) City..... (d) Street No. 5232 Blair Ave St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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Registered No. **8465**

2. PRINT FULL NAME Catherine Spreckelmeyer
 (a) Residence, No. 5232 Blair Ave. St. 9
 (Usual place of abode, if no street address, write county or city) (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 Frederick Spreckelmeyer			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/31/1848			
7. AGE	YEARS 88	MONTHS 8	DAYS 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home			
9. Industry or business in which work was done, as 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) Washington, Mo.			
13. NAME Gerhard Grothaus, Germany			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
15. MAIDEN NAME Unknown			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Gerhard Spreckelmeyer 7553 Cornell Ave.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary			
DATE Sept. 9, 1937			
19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co. 2117 n. Grand Blv.			
20. FILE SEP 8 1937 <i>J. Bredek</i> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1937 to Sept 6 1937
 I last saw h. alive on Sept 6 1937 Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart disease
 Date of onset 9 22

Other contributory causes of importance

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.....
 (Signed) Chas Allen, M. D.
 (Address) 720 Century Bldg

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.

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Dr. Clay Allen.

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Century Bldg -

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank A. Moore

Licensed Embalmer No. 3041

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)