

NOV 15 1937

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

36151  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 2 791  
 (b) Township ..... Primary Registration District No. 1008 Registered No. 9728 St.  
 (c) City St. Louis. (d) Street No. 1926 So. 10th 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. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hugo J. Spies,

(a) Residence, No. 1926 So. 10th St. St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Cecilia Spies,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 21st 1879.</b>		
7. AGE	YEARS <b>58</b>	MONTHS <b>0</b>
	DAYS <b>26</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Confectioner.</b>	
	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) <b>St. Louis.</b> (STATE OR COUNTRY) <b>Missouri,</b>		
FATHER	13. NAME <b>Louis Spies,</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>Germany,</b> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <b>Kathryn Hoffmann,</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>Germany</b> (STATE OR COUNTRY)	
17. INFORMANT <b>Cecilia Spies,</b> (ADDRESS) <b>1926 So. 10th St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New St. Marcus Cem</b> DATE <b>Oct 20th 1937</b>		
19. FUNERAL DIRECTOR <b>Ziegenfuss Bros.</b> (ADDRESS) <b>2621-23 Cherokee St</b>		
20. FILED <b>OCT 20 1937</b> <b>J. Bredeck</b> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17th 1937**

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to Oct 17, 1937.  
 I last saw him alive on Oct 17, 1937. Death is said to have occurred on the date stated above, at 2.55 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis Date of onset July 21 37  
93C  
 Other contributory causes of importance:  
Chronic Myocarditis

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) J. Bredeck, M. D.  
 (Address) 2623 Cherokee St

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.

STATEMENT BY LICENSED EMBALMER

I, D. M. Davis

Licensed Embalmer No. 3741

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No. 3741

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.)