

JAN 10 1938

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

43003  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **5847 Plymouth** ..... 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.

2. PRINT FULL NAME **Mary Elsie Spies**

(a) Residence, No. **5847 Plymouth** St. **5**  
(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 **August Spies**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 18, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**1752 10 18**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
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 **20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER  
13. NAME **Christian Spies**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

MOTHER  
15. MAIDEN NAME **Catherine Hecker**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

17. INFORMANT (ADDRESS) **Arthur Spies 3510 Miami**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Dec. 8, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Alexander Sons 6175 Delmar Blvd.**

20. FILED **DEC 7 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 6 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1929**, 19... to **Dec 6**, 1937

I last saw him alive on **Dec 5**, 1937. Death is said to have occurred on the date stated above, at **5a** m.

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

**Degenerative Heart disease**  
**Arteriosclerosis**  
Date of onset **24 yrs ago**

Other contributory causes of importance:  
**arterio sclerosis**  
**Essential Hypertension**  
Date of onset **10 yrs**

Name of operation **none** Date of.....  
What test confirmed diagnosis? **usual** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury....., 19.....  
Where did injury occur? **none** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**  
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....  
(Signed) **Oboro Miller**, M. D.  
(Address) **408 Humboldt**

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

899

U. S. G. P. FORM 2-28-37 I X12004

James M. Miller  
Attendant at Obituary

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

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

L. E.

No. 5 or by Ernst Oltman, Registered Apprentice No. X X  
working under my personal supervision.

Signed J. Wm Binkley  
Licensed Embalmer No. 3653

**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.)**