

REC'D MAR 14 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4643
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. **4314 Itaska** 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. da.

Registered No. **1288**

2. PRINT FULL NAME **Sophie Spreitzer 163**

(a) Residence, No. **4314 Itaska** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **F.** 4. COLOR OR RACE **Male** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 5, 1858**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 3 1938**
22. HEREBY CERTIFY, That I attended deceased from **Jan 31 1938** to **Feb 3 1938**
First saw him alive on **Jan 31 1938** Death is said to have occurred on the date stated above, at **7:50 p.m.**
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Chronic Myocarditis
Other contributory causes of importance:
Arterio Sclerosis
Date of onset **Nov 7/37**

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

FATHER 13. NAME **Schwerre**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Michael Schwerre**
(ADDRESS) **4314 Itaska**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter & Paul** DATE **Feb. 5, 1938**

19. FUNERAL DIRECTOR **John L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Ave.**

20. FILED **FEB 4 1938** **J. P. Bredsch**

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 **Not at all**
(Signed) **Not at all** M. D.
(Address) **4724 Gravois**

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

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

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

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)