REC'D MAR 24 1938

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

Do not use this space. 8147

1. PLACE OF DEATH
(a) County St Louis 2 Registration District No. 96
(b) Township 1 Primary Registration District No. Registered No. 351
(c) City University City. (d) Street No. 500 Kingsland 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.

2. PRINT FULL NAME Fred J. Spindler. 153
(a) Residence, No. 500 Kingsland Ave. St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nonie Spindler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1, 1862

7. AGE: YEARS 76 | MONTHS 2 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Accountant.
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): Pennsylvania. 1

FATHER
13. NAME: John Spindler. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria. 6

MOTHER
15. MAIDEN NAME: Catherine Schneider.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MAINZ GERMANY

17. INFORMANT (ADDRESS): Nonie Spindler. 500 Kingsland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Feb. 25, 1938.

19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED 2-24, 1938 T. R. Meyer M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1936 to Feb, 19..
I last saw him alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Feb. 23	1938
Other contributory causes of importance: Chr. Myocarditis	1936

Name of operation no 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) [signature], M. D.
(Address) Bennett Bl.

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 Stanley Marchlewski

Licensed Embalmer No. 2868

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