

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

REC'D APR 11 1938

9128
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. 4023 Parker Avenue 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 Mr. Adam Spiller 1 K 6

(a) Residence, No. 4023 Parker Avenue St. 16
 (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 Bertha Stubenrath Spiller (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
51 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
 9. Industry or business in which work was done, as saw mill, bank, etc. Sympathy Orchestra
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) Jecia-Mare 7
 (STATE OR COUNTRY) Rumania

FATHER 13. NAME Adam Spiller 4

14. BIRTHPLACE (CITY OR TOWN) 4
 (STATE OR COUNTRY) Rumania

MOTHER 15. MAIDEN NAME Katherine Ott

16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Rumania

17. INFORMANT Bertha Spiller
 (ADDRESS) 4023 Parker Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE March 22, 1938

19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc.
 (ADDRESS) 1936 St. Louis Ave.

20. FILED MAR 22 1938 J. B. Breda
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to March 20, 1938
 I last saw him alive on 3/19, 1938. Death is said to have occurred on the date stated above, at 4:25 A. M.
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction Date of onset 2 yrs
Infectious nephritis 18 mos.

Name of operation None Date of
 What test confirmed diagnosis? Tap Was there an autopsy? Yes

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) Albert F. Breda M. D.
 (Address) 1541 B. 12th

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.

Dr. A.F. Bina
1841 & 12

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin Licensed Embalmer No. 3497

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 Felix J. Krispin
Licensed Embalmer No. 3497

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.)