

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.

REC'D MAY 10 1938

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

12717
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** (d) Street No. **Christian Hospital** 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.

Registered No. **3321**2. PRINT FULL NAME **Ernst H. Spellmeyer 14.5**

- (a) Residence, No. **8301 Racquet Dr. Bel Nor** St. **NR No. R. MONDY. MO**
(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) Widower	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Spellmeyer		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1883	
7. AGE	YEARS 54	MONTHS 11	DAYS 5
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman		
	9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		12. BIRTHPLACE (CITY OR TOWN)..... St. Louis (STATE OR COUNTRY) Mo.	
FATHER	13. NAME Ernst H. Spellmeyer		
	14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME Louise Nauman		
	15. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)		
17. INFORMANT Harry Spellmeyer (ADDRESS) 3509 Dodier St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Apr. 9, 1938			
19. FUNERAL DIRECTOR Charles J. Brown General Home (ADDRESS) 4911 St. Albans			
20. FILED APR 8 1938 J. D. Bredeck Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1938	Date of onset 4/3/38
22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1938, to Apr. 7 1938 I last saw him alive on Apr. 7 1938. Death is said to have occurred on the date stated above, at 2:15 p. m. The principal cause of death and related causes of importance were as follows: Pneumonia Bronchial. Interstitial Nephritis. Myocarditis chr.	
Other contributory causes of importance: 131	
Name of operation no	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) Geo. A. Mellies M. D. (Address) 2743 W. Grand Blvd.	

STATEMENT BY LICENSED EMBALMER

I, Elton R.H. Remelius, Licensed Embalmer No. 3154

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

Elton R.H. Remelius

Licensed Embalmer No. 3154

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.)