

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

34153

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. **St. John Hospital** Registered No. **9139**  
 (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**

**ARTHUR H. SPIES,**  
 (a) Residence, No. **9773 Riverview Drive** St. **8**  
 (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 **Edna V. Spies (Niemann)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6, 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 4 14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dept Mangr.**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Couples Hesse**  
 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 **John H. Spies**

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

MOTHER 15. MAIDEN NAME **Helena Dependahl**

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

17. INFORMANT (ADDRESS) **Mrs. Edna V. Spies**  
**9773 Riverview Drive**

18. BURIAL, CREMATION, OR REMOVAL **October 22, 1938**  
 PLACE **Valhalla Crematory**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son**  
 (ADDRESS) **2161 East Fair Avenue**

20. FILED **OCT 20 1938** **J. F. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from **August 9, 1938, to Oct. 20, 1938**  
 I last saw him alive on **Oct. 20, 1938**. Death is said to have occurred on the date stated above, at **4:45 A. M.**  
 The principal cause of death and related causes of importance were as follows:

*Septicemia following peritonitis  
abscess  
Co. Bronchopneumonia*

Other contributory causes of importance:  
*Diabetes Mellitus  
Chronic bronchitis*

Date of onset **10-9-38**

Name of operation..... 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.....

**John J. Lutz**, M. D.  
 (Address) **4703 Carter Ave.**

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.

STATEMENT TO BE FILED IN THE RECORDS OF THE BOARD OF HEALTH  
REGARDING THE EMBALMING OF DECEASED PERSONS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*William G. Buchholz*

Licensed Embalmer No.

*2110*

P. O. Address

*St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.