

REC'D FEB 10 1939

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

401
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Mo. Baptist Hospital Registered No. 401
(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

153 Meta Spindler
(a) Residence, No. 4628 McPherson Ave. St. 12
(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 Female 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 Fritz Spindler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 6

OCCUPATION 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. Housewife
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) Switzerland

FATHER 13. NAME Jacob Boller 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

MOTHER 15. MAIDEN NAME Selme Peter 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

17. INFORMANT Fritz Spindler, 4628 McPherson
(ADDRESS) 4228 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethelhem DATE 1-13 1939

19. FUNERAL DIRECTOR (NAME) Kriegghauser Mortuary
(ADDRESS) 4228 So. Kingshighway

20. FILED J. B. Bruch 1939
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3 1938, to January 11, 1939

I last saw her alive on Jan. 10, 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hodgkin's Disease

Date of onset

1931(?)

Other contributory causes of importance:

Secondary Anemia

Name of operation Fat Chm Date of

What test confirmed diagnosis Fat Chm 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) H. Nakada M. D.

(Address) 504-5 Humboldt Bldg

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.....

Edmund W. McRennett

Licensed Embalmer No.....

3024

P. O. Address.....

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.