

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 1008

944

Do not use this space.

Registered No. 944

## 1. PLACE OF DEATH

- (a) County ..... 1 Registration District No. ....
- (b) Township ..... Primary Registration District No. ....
- (c) City St. Louis (d) Street No. 904 Geyer 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 Anna Spaeth

- (a) Residence, No. 904 Geyer St. 23  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Spaeth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29, 1863</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>9</u>	DAYS <u>0</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>
	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) St. Louis  
(STATE OR COUNTRY)13. NAME George Keorner14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Barbara Klein  
(ADDRESS) 708 Allen18. BURIAL, CREMATION, OR REMOVAL  
PLACE O. S. S. Peter Paul Feb. 1, 193919. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway20. FILED J. F. Brueck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 193922. HEREBY CERTIFY, That I attended deceased from June 15, 1935 to Jan 29, 1939I last saw him alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 5:00 a.m.  
The principal cause of death and related causes of importance were as follows:

thrombosis

131

Other contributory causes of importance  
the interstitial nephritis  
the myocarditis

Date of onset 1/26/39

Name of operation ..... 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? Yes  
If so, specify .....(Signed) J. F. Brueck M. D.  
(Address) 2008 2<sup>nd</sup> St. St. Louis, Mo.

JAN 30 1939

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 BY LICENSED EMBALMER**

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

*Frank J. O'Connell Sr.*

..... or by .....

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

Signed *Frank J. O'Connell Sr.*

Licensed Embalmer No. *2645*

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.**