

REC'D JUN 12 1939

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

791
1008

17114
Do not use this space.
4648

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. Deaconess 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Catherine Spindler

(a) Residence, No. 8014 Bretton St. NR GARDENVILLE, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Spindler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME August Templemeyer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) D

15. MAIDEN NAME Elizabeth Grape

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

17. INFORMANT Mildred Schussler (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 23 1939

19. FUNERAL DIRECTOR (NAME) Thos. Kules (ADDRESS) 2906 Gravois Ave.

20. FILED MAY 22 1939 J. F. Buddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1st, 1939, to May 20, 1939. I last saw her alive on May 20, 1939. Death is said to have occurred on the date stated above, at 4:10 P. m.

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

Hypertensive Ch. Interalterial
At Lens. Sclerosis
Myoplegia Rt
Hypertension

Date of onset Aug. 35

Other contributory causes of importance:
Myoplegia Rt
Hypertension

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? Yes
If so, specify Phys. T. Guston M. D.
(Signed) Whitely Groves, Mo
(Address)

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, or by.....

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

Signed..... *Geo Budde*.....
Licensed Embalmer No. *3989*
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.