

JAN 18 1940

791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41801

Registrar's No. 10924

Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
De Paul Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day.  
 (Specify whether  
 In this community 40 years.  
 years, months or days)

3. (a) PRINT FULL NAME Margaret Spellmeyer. 1458. (b) If veteran, name war. No. \_\_\_\_\_ 8. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.  
 6. (b) Name of husband or wife Wife. 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased Nov. 5th 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 16 hr. \_\_\_\_\_ min.

9. Birthplace Waterloo Illinois.  
 (City, town, or county) (State or foreign country)10. Usual occupation Housework.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name John Gaertner.  
 { 13. Birthplace Germany.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Caroline Ludwig.  
 { 15. Birthplace Unknown.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rudolph Spellmeyer  
 (b) Address 4142 Maffitt Ave17. (a) Burial. (b) Date thereof 12-23-39.  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Waterloo Illinois18. (a) Signature of funeral director Her Laidner  
 (b) Address 1417N. Market St.19. (a) DEC 22 1939 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town St. Louis. 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4142 Maffitt Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
 year 1939 hour 6 minute 45 A. M.21. I hereby certify that I attended the deceased from March 30  
1939, to December 21, 1939  
 that I last saw her alive on December 20, 1939  
 and that death occurred on the date and hour stated above.Immediate cause of death  
Chronic Myocarditis  
Diabetes Mellitus  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_Other conditions  
 (Include pregnancy within 3 months of death)Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Manner of injury \_\_\_\_\_28. Signature Bernard H. Stotte (M: D or other) \_\_\_\_\_  
 Address 2302 Salisbury Street Date signed 12-21-39

Duration

8 mos?  
8 mos?  
Priger

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

Dr. J. J. ...  
13 ...

**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 Homer L. Ponder  
Licensed Embalmer No. 3867  
P. O. Address 2223 St. Louis

**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.**