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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 10 1940

791

Primary Registration District No. 1003

Registrar's No. 3046

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6344 Woodland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LENA SPIES.
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31st.
year 1940 hour 5 minute 18 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Spies. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25, 1863.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 4
1937 to 3-31 1940
that I last saw him alive on 3-30-40 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 4 6 hr. _____ min.

Immediate cause of death:
Arterio Sclerosis
nephritis Interstitial/Chronic
Due to myocarditis chr.
arteriosclerosis

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

Other conditions:
(Include pregnancy within 3 months of death)
131

10. Usual occupation Housewife

11. Industry or business at home

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
12. Name Frederick Dependahl.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Don't know.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Howard J. Spies.
(b) Address 6344 Woodland Ave.

17. (a) Burial (b) Date thereof 4-3-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) APR 2 1940 (b) J. J. [Signature]
(Date received local registrar) (Special Registrar)

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) Means of injury _____
28. Signature Geo A Mellies (M. D. or other)
Address 2739 N. Grand. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1811

Dr. Geo. Mellis

Lindell Trust Bldg.

12 to 2

Franklin 3826

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.....

Leonard W. Kraeger....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard W. Kraeger
Licensed Embalmer No. 2678

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.