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FILED MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

16083

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 851

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7263 Country Club Drive (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy (If outside city or town limits write "RURAL")

(d) Street No. 7263 Country Club Drive (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Spuck 120

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Spuck 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December (Month) 2, (Day) 1856 (Year)

8. AGE: Years 83 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework. 6

11. Industry or business --- 6

FATHER
12. Name Herman Freese
13. Birthplace --- (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Martha Boschen
15. Birthplace --- (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Flora Steinlage

(b) Address 7263 Country Club Dr. Normandy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 2, (Day) 1940 (Year)

(c) Place: burial or cremation New Picker Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge, St. Louis, Mo.

19. (a) MAY - 1 1940 (Date received local registrar) (b) R R Meyer M D Dist Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from April 27, 1940, to April 30, 1940, that I last saw her alive on April 30, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Chr. nephritis	years
Diabetes mellitus	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death) 59	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur Gundlach (M. D. or other) M.D.

Address 2202 University St Date signed 4/30/40

(Licensed Embalmer's Statement on Reverse Side)

GUNDLACH

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.