

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16752**
4270
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4183a Taft Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4183 a Taft Ave.** **159**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gottlieb A. Spindler**

3. (b) If veteran, name was **no** 3. (c) Social Security No. **no**

4. Sex **Male (M)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Caroline Spindler** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **May 2, 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **17** If less than one day hr. min.

9. Birthplace **Berger Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Mechanic**

11. Industry or business _____

12. Name **Simon Spindler** 13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Spindler**

(b) Address **4183a Taft Ave.**

17. (a) **Burial** (b) Date thereof **May 22, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cemetery**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**
(b) Address **2201 S. Grand Bl.**

19. **MAY 21 1941** (b) **J. F. Breda**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1941** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Dec. 7, 1940**
to **May 19, 1941**
that I last saw him alive on **Apr. 2, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **10 min.**

Due to **Coronary Atherosclerosis & Angina Pectoris** **1 year**

Due to **Senility** **2 1/2 years**

Other conditions (Include pregnancy within 8 months of death)

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **J. H. Cummings** (M. D. or other) **0**
Address **444 N. Euclid** Date signed **5/20/41**

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

00
17
9

MOTHER FATHER

Dr. G. J. E. E. E. E.

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..... *Nancy Stewart*

Licensed Embalmer No..... **3722**

P. O. Address..... **412 Duchouquette St.**

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, fact should be so stated above.