

S. No. 2  
—9-4-41  
5-17-39  
PI X29284

FILED AUG 11 1942

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 23142  
Registrar's No. 6474

Registration District No. 791 Primary Registration District No. Registrar's No.

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. John's Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4000 Potomac Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Albert L. Spaedy  
3. (b) If veteran, name war None  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29th  
year 1942 hour 5:10 minute P.M. M.  
21. I hereby certify that I attended the deceased from 7/21/42  
19 to 7/29 1942  
that I last saw him alive on 7/28/42  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Marie A. Spaedy  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Feb. 14th 1890  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of the stomach  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 5 Days 15  
If less than one day hr. min.  
9. Birthplace Pilot Grove Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Registered Pharmacist  
11. Industry or business retired 5 Yrs.

Major findings: Carcinoma of stomach  
Of operations  
Of autopsy Carcinoma of stomach  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name John B. Spaedy  
13. Birthplace Alsace-Lorraine  
14. Maiden name Mary K. Kirsch  
15. Birthplace Cooper County Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Marie A. Spaedy  
(b) Address 4000 Potomac Ave.  
17. (a) Burial (b) Date thereof 8-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.  
19. (a) 31 1942 J.F. Bredek  
(Date received local registrar) (Registrar's signature)

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?  
(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 James R. Mudd (M. D. or other)  
Address 634 N Grand Date signed 7/30/42

844 (Licensed Embalmer's Statement on Reverse Side)

JUN 24 1948

Dr. MIDD  
635 N. Swan St  
Fri 20 20  
Jo 95-95

**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 *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

**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.**