

FILED SEP 21 1943 318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8082**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Sangman
(c) City or town Rochester
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Spengler, Thomas
(b) If veteran, name war None
3. (c) Social Security No. 338-14-1928

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 9
year 1943 hour 12 minute 20 p. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Grace Spengler
(c) Age of husband or wife if alive 30 years
7. Birth date of deceased July 18 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1
1943, to Sept 9, 1943
that I last saw him alive on Sept 9, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
30 0 31 hr. min.

Immediate cause of death
Cryptococcus meningitis Duration 3 wks.

9. Birthplace Rochester Illinois
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Welder

Major findings:
Of operations.....
Of autopsy as above

11. Industry or business.....
12. Name Charles Spengler
13. Birthplace Rochester Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Maude Killion
15. Birthplace North County Illinois
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles Spengler
(b) Address Rochester, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-9-43
(Month) (Day) (Year)
(c) Place: burial or cremation Rochester, Illinois

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.....

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 1 1943 (Date received local registrar) (b) J. J. Biedeck (Registrar's signature)

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 9/9/43

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

179

999
111
NR

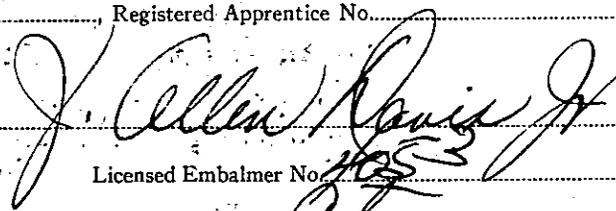
MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... 

..... Licensed Embalmer No. 1053

..... P. O. Address City

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.