S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23805

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7896

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: Alexian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---------- 17
(c) City ~~or town~~ St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 809-N. Twelfth St. 25
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Sylvester Julius Spangenberg

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-7443

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elizabeth Spangenberg

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 6, (Day) 1876 (Year)

8. AGE: Years 68 Months 7 Days 3 If less than one day hr. min.

9. Birthplace White Hall (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Dry Goods Store

FATHER
12. Name John Spangenberg
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Susan Grime
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Louise Plank Sr
(b) Address Franklin, Nebraska.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director Robert W. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) SEP 13 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1944 hour 6 40 minute a M.

21. I hereby certify that I attended the deceased from Aug. 22, 1944, to Sept 9, 1944 that I last saw him alive on Sept 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations
Of autopsy

Duration

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 L. Hayden (M. D. or other) M.D.
Address 5899 Delmar Date signed 9-13-44

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.