S. No. 2
M—2-43
. 5-17-39
-1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11804

FILED APR 23 1945

Registration District No. 818 Primary Registration District No. 1003

State File No.

Registrar's No. 3144

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: 5922 Hamilton Terrace.
(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 006

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5922 Hamilton Terrace
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles J. Spengler.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 15, 1883.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	23	hr. min.

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

10. Usual occupation Foreman S.S.Department

11. Industry or business City of St. Louis

FATHER
12. Name Benjamine Spengler.
13. Birthplace ? Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Ostermann.
15. Birthplace ? Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Hodges.
(b) Address 5922 Hamilton Terrace.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-1945.
(Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) APR 9 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1945 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1945, to April 7, 1945; that I last saw him alive on April 7th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver - Primary site

Due to Carcinoma of Peritoneum

Due to

Other conditions (Include pregnancy within 3 months of death) 467

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 0

23. Signature L. H. Hampelman (M. D. or other) 4/9/45

Address 203 Beaumont Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Louis H. Hempleman.
3720 Washington Blvd.
Hours, 8.30 to 9.30 A.M.
2 to 3 P.M.
Jefferson 6204

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 Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

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.