V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19236

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4957

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: 3406 KLEIN STREET
(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 17

(c) City or town StLouis 626
(If outside city or town limits, write "RURAL")

(d) Street No. 3406 Klein Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida Spoeneman

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. A. Spoeneman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 4th 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Franklin Co., Mo., 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Marie Schumacher
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. A. Spoeneman
(b) Address 3406 Klein St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5th, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontane Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave

19. (a) JUN 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 2-24-44, 19 to 6-2-45, 19; that I last saw her alive on 6-2-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	don't know
Due to	
Due to Chronic Nephritis	don't know
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 D

23. Signature Walter H Spoeneman MD (M.D. or other)

Address 1506 St Louis Date signed 6-4-45

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

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.