

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

**FILED** SEP 28 1945  
318

Registration District No. **318**  
Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **13 day's**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **500**  
(c) City or town **St. Louis** **17/0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4481 Margaretta Ave.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **(Yes or No)**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frederick Spangenberg**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **20th**  
year **1945** hour **5** minute **P.** M.

4. Sex **Male** 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 **March 26, 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 1942 to September 1945**  
that I last saw him alive on **September 20**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**  
**Arteriosclerosis**  
Duration **2 days**

8. AGE: Years **82** Months **5** Days **26**  
If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **St. Louis** **0**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Mattress Maker**

Other conditions **Carcinoma of prostate** **4 yrs**  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name **Wm. Spangenberg**  
13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Wilhemina Northern**  
15. Birthplace **Germany** **1**  
(City, town, or county) (State or foreign country)

Major findings: **51**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Louise Murray**  
(b) Address **4481 Margaretta Ave.**  
17. (a) **Burial** (b) Date thereof **Sept. 22, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Zion Cemetery**  
18. (a) Signature of funeral director **Paschedag-Henke Fun. Home**  
(b) Address **2825 N. Grand Blvd.**  
19. (a) **SEP 21 1945** (b) **Paschedag**  
(Date received local registrar) (Registrar's signature)

23. Signature **St. St. Felle** (M. D. or other) **DR**  
Address **807 N. Grand** Date signed **9-20-45**

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

**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 W. W. Wilkinson  
Licensed Embalmer No. 3575

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.**