S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

Primary Registration District No.

State File No. 40209

Registrar's No. 10608

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

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: 748 Ponce Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 748 Ponce Avenue 9
(If rural, give location) 0

8

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

If yes, name country

3. (a) PRINT FULL NAME Frederick W. Spreen

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-0201

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Ruehl

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

7. Birth date of deceased September 5th 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	12	br. min.

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

10. Usual occupation Nite Watchman

11. Industry or business Hermann Oak Leather Co.

FATHER
12. Name Frederick Spreen
13. Birthplace Okawville Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Klasing
15. Birthplace Okawville Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stephen Schoultz
(b) Address 748 Ponce Av.

17. (a) Burial (b) Date thereof Nov. 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home, Inc.
(b) Address 1936 St. Louis Avenue.

19. (a) NOV 18 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1947 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from June 1947 to Nov 17 1947
that I last saw him alive on Nov 16-1 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	1040
Due to	
Due to	
Other conditions Chr. Nephritis (Interstitial) (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 John R. Morris M. D. ~~or other~~

Address 5209 S. Broadway Date signed Nov 17 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr John R. Morris
8209a North Broadway

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 Neal McPaukon

Licensed Embalmer No. 4114

P. O. Address 1936 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.