

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC APR 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11920

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
(No St. Joseph Hospital)

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME George E. Spreckelmeyer

(a) Residence, No. St. Peters, Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1884		
7. AGE	YEARS	MONTHS
	53	10
		11
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mostly farming
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Peters, Mo.
(STATE OR COUNTRY)

13. NAME Fred Spreckelmeyer

14. BIRTHPLACE (CITY OR TOWN) Berger, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Minnie

16. BIRTHPLACE (CITY OR TOWN) Warrenton, Mo.
(STATE OR COUNTRY)

17. INFORMANT Fred Spreckelmeyer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Methodist Cem.
PLACE St. Charles, Mo. DATE Mar. 14, 38

19. UNDERTAKER Geo. Stiefvater
(ADDRESS) St. Peters, Mo

20. FILED 3/12 1938 Blair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 1938, to 3-12-38, 1938

I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:45 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism as a result of fractured right leg received in a fall.

Other contributory causes of importance: 12-21-

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-8-38, 19.....

Where did injury occur? St. Peters, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in an alley at St. Peters, Mo.

Manner of injury Fall

Nature of injury Fractured right leg.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) John H. Busch M.D.
Coroner, St. Charles Co. Mo.

