

REC'D APR 8 1938

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

12185

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township Normandy Primary Registration District No. 200 Registered No. 609  
 (c) City Bel Nor (d) Street No. 8301 Racquet Dr. Bel Nor St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Emma C. Spellmeyer 145  
 (a) Residence, No. 8301 Racquet Dr. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernst H. Spellmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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. Louis, Mo (STATE OR COUNTRY)

FATHER 13. NAME Henry Ameling

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louisa Staumann

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Ernst H. Spellmeyer (ADDRESS) 8301 Racquet Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Apr. 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Brown Funeral Home  
4911 Washington Bl.

20. FILED 4-4 1938 Dr. P. Romaymond Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938

I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to Apr 2, 1938

I last saw him alive on Apr 2, 1938. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Carcinomatosis general following carcinoma of left breast

Date of onset

Other contributory causes of importance: 50

Name of operation Removal of left breast Date of 6-23-33

What test confirmed diagnosis? Alcohol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Geo A. Mullis, M. D.

(Address) 2743 N. Grand

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Elton R. H. Remelius*

Licensed Embalmer No. 3154.

**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.)**