

RECEIVED AUG 12 1938

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

23318
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **DePaul Hospital** Registered No. **6012**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Thomas Peter Spangler
(a) Residence, No. **933 Tuxedo Bl. Webster Groves, Mo.** (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 **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) **Nov. 9, 1936**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 **7** **24**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **none**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**
13. NAME **Robert H. Spangler**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**
15. MAIDEN NAME **Esther Rasmussen**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Robert H. Spangler**
(ADDRESS) **933 Tuxedo Bl. Webster Groves**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Oak Hill** DATE **July 6, 1938**

19. FUNERAL DIRECTOR **A. Iron L. Co.**
(ADDRESS) **2707 North Grand Bl.**

20. FILED **JUL 5 1938** **J. B. Brudick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3, 1938**
22. I HEREBY CERTIFY That I attended deceased from **April 4**, 1938, to **July 3**, 1938.
I last saw him alive on **July 3**, 1938. Death is said to have occurred on the date stated above, at **2.15 p.m.**
The principal cause of death and related causes of importance were as follows:

Agranulocytosis
Sepsis from Cervical adenitis.
Septicemia (organism undetermined as yet)
Other contributory causes of importance:
Infancy.

Date of onset
6-29-38
7-1-38

Name of operation **None** Date of
What test confirmed diagnosis **Physician & Lab** Was there an autopsy? **Yes**

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? **no**
If so, specify **Guerritt J. Javau!**
(Signed) **Guerritt J. Javau!** M. D.
(Address) **607 N. Grand**

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.

1 X 12604

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knoblenberg, Licensed Embalmer No. 2631

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul F. Knoblenberg
Licensed Embalmer No. 2631

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.)