

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27535
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. City Hospital No. 1 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

Charles Spengeman
 (a) Residence, No. 604 Chestnut St. 25
 (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) Aug. 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abh 57 ? ?
 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. laborer
 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 Missouri

FATHER 13. NAME Casper Spengeman

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

MOTHER 15. MAIDEN NAME Elizabeth Koch

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Aug. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister Co. 7814 So. B. Way St. Louis Mo.

20. FILED AUG 24 1938 J. Briedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/38 19
 22. I HEREBY CERTIFY, That I attended deceased from 8/14/38 19, to 8/23/38 19
 I last saw him 8/23/38 19, Death is said to have occurred on the date stated above, at 11.30 p
 The principal cause of death and related causes of importance were as follows:

Uremia caused by chronic nephritis
Hypertension
Atherosclerosis
 Date of onset _____

Other contributory causes of importance: 131

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 _____ 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) E. H. Trowbridge, Jr. M. D.
 (Address) City Hospital No. 1

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. -7-
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. W. Hoffmeister
Licensed Embalmer No. 2426

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.)