REC'D MAY 10 1939

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

13209
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 (791)

(b) Township ..... Primary Registration District No. ..... Registered No. 3551

(c) or City St. Louis (d) Street No. St. Anthony Hosp. 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 145 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Spellmeyer

(a) Residence, No. 4020 Tholozan St. 16
(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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1869

7. AGE: Years 70 | Months 1 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. Building
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 O

FATHER

13. NAME Wm. Spellmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louisa Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hattie Hoffman
(ADDRESS) 4020 Tholozan

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE Apr. 19, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED APR 17 1939 J. F. Bulbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1939, to Apr 16, 1939
I last saw him alive on Apr 15, 1939 Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

Pyelonephritis — Date of onset 2

Other contributory causes of importance: b) Prostatic — 4/12/39

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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? no
If so, specify .....
(Signed) Ella N. Freeman, M. D.
(Address) 2924 S. Grand Ave

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ~~[illegible]~~ Robert Cwheele, Registered Apprentice No. ..... working under my personal supervision.

Signed Robert Cwheele

Licensed Embalmer No. 2128

P. O. Address St Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.