

S. No. 2  
-11-10-39  
7-5-17-39  
X214921

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **23208**  
Registrar's No. **5653**

REG. NO. **791**  
Registration District No. **1**

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hosp.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME Charles D. Spindler 153  
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Adele 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased June 15, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. D. Spindler  
(b) Address 3930 Dunbar

17. (a) Burial (b) Date thereof 7/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation O. St. Marcus

18. (a) Signature of funeral director Wacker-Weideler  
(b) Address 2331 S. Broadway

19. (a) JUL 2 1940 (b) J.D. Spindler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 Souland  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. \_\_\_\_\_ YEARS

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 30  
year 1940 hour 11 minute 50 a. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Chronic arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. J. Perry (M. D. or other) \_\_\_\_\_  
Address 1414 E. Coronado Date signed 7/2/40

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Frank J. Myland Sr.*

Licensed Embalmer No.

*2645*

P.O. Address

*St Louis Mo*

**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.)**

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