

FILED SEP 16 1940

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

28124  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3008 Registered No. 200  
(c) City Fulton (d) Street No. State Hospital #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

150 Charles Spahr  
(a) Residence, No. 4229 Fin dell St. Fulton, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Christina Spahr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist

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) (STATE OR COUNTRY) St. Louis Mo

13. NAME Chas F Spahr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Emily Wolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) State Hospital record Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Missouri DATE Aug 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo H. Leal 4229 Fulton, Missouri

20. FILED Aug 6 1940 R. N. Crews  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1940, to Aug 6, 1940.

I last saw him alive on Aug 6, 1940. Death is said

to have occurred on the date stated above, at 5:00 A.M.

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

general paralysis of insane

Date of onset  
?

Other contributory causes of importance:

Bilateral Broncho-pneumonia  
therapeutic malaria

8/5/40  
7/18/40

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? no  
If so, specify.....

(Signed) John J. Black, M. D.

(Address) Fulton, Mo

APR 1952

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**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.....

*Harold J. Christy*

Licensed Embalmer No.....

*4002V*

P. O. Address.....

*Gulston, Md*

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

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