

3-40  
7-39  
K28159

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
**4483 Natural Bridge Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Since Birth** years, months or days \_\_\_\_\_

FILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **10**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4483 Natural Bridge Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16**  
year **1940** hour **7** minute **5** P. M.

21. I hereby certify that I attended the deceased from  
**Nov. 14 - 1940** to **Nov. 16, 1940**  
that I last saw ~~her~~ **her** alive on **Nov. 14 - 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Myo-Carditis** **1 year.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Roy C. Campbell** (M. D. or other) \_\_\_\_\_  
Address **6172 E. Blue** Date signed **11/17/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **MATHILDA E. SPUERING**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William Spuering** 6. (c) Age of husband or wife if alive **76 yrs** years

7. Birth date of deceased **Jan. 28, 1863**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **19** If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Carl Bante**

13. Birthplace **Prussia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Matherine Camp**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Spuering**

(b) Address **4483 Natural Bridge Ave**

17. (a) **Burial** (b) Date thereof **11/18/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **NOV 18 1940** (b) **J. B. [Signature]**  
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.**