S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40508

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10279

1. PLACE OF DEATH:

(a) County St. Louis, Mo. 1

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5mo. 21days. (Specify whether years, months or days)

In this community 79 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13 (If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM SPUERING

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ ~~Married~~

6. (b) Name of husband or wife Tillie Spuering

6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 24 1861 (Month) (Day) (Year)

8. AGE: Years 79 | Months 7 | Days 18 | If less than one day hr. min.

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

10. Usual occupation Packer

11. Industry or business Wholesale Dry Goods

FATHER
12. Name Henry Spuering
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Rohlfing
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Peter Todt
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Gluedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) DEC 14 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1940 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19__, to 12-12-40, 19__; that I last saw him alive on 12-12-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis 7-1-40x	
Due to Arteriosclerotic Heart disease 7-1-40x)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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

23. Signature W. E. Edelman M. (M. D. or other)
Address 5400 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.