

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
In this community 50 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 813a Chambers St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 Years. years.

3. (a) PRINT FULL NAME Charles Spreen

3. (b) If veteran, name war No. 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 Anna Spreen. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 4 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 11 hr. min.

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

10. Usual occupation Retired Cigar Maker.

11. Industry or business _____

12. Name William Spreen.

13. Birthplace Germ any (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 Anna Spreen.

(b) Address 813a Chambers St.

17. (a) Burial (b) Date thereof 12-18-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 17 1940 (b) J. F. Bredeck
(Date certified by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15,
year 1940 hour 11:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from November 24, 1940 to December 15, 1940;
that I last saw him alive on December 15, 1940;
and that death occurred on the date and hour stated above.

Immediate Cause of death
Infant of heart
Infarct of kidney
Arteriosclerotic aneurysm
of aorta
Calcium hypertrophy
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations: _____
Of autopsy as above

Duration

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? (i) Means of injury _____

23. Signature M. M. Karl (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/16/40

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

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.