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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. 43840

JAN 8 1941

Registration District No. 784 Primary Registration District No. 900 Registrar's No. 2415

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 716 Lagro ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs. years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Lemay

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Lagro ave.
(If rural, give location)

0

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

3. (a) PRINT FULL NAME Clara Spindler

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 Joseph Spindler

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 6, 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home 0

11. Industry or business 0

FATHER
12. Name Peter Flotho 0
13. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown Seim
15. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph Spindler
(b) Address 716 Lagro ave. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director O. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) DEC 22 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1940 hour 12 minute 30 p.m. M.

21. I hereby certify that I attended the deceased from Nov 1, 1940, to Dec 20, 1940 that I last saw her alive on Dec 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	at once
Due to Arterio Sclerosis	
Due to Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. W. Peters (M. D. or other) 1
Address 4145 S Grand 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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

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