

No. 2  
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X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8802**  
Registrar's No. **2212**

Registration District No. **791**

Primary Registration District No. **1003**

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

**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:  
2840 Victor St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME HENRY SPAETH

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male  White race

5. Color or race White

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased October 27 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>8</u>	..... hr. .... min.

9. Birthplace Waterloo / Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Retired

MOTHER FATHER {

12. Name Frank Spaeth

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

14. Maiden name Margaret Heck

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

16. (a) Informant Margaret Spaeth

(b) Address 2840 Victor St.

17. (a) Burial (b) Date thereof Mar. 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Illinois

18. (a) Signature of funeral director H. H. Becken & Co.

(b) Address 2630 Gravois Ave.

19. (a) MAR 10 1941 (b) J. H. Bredbeck  
(Data received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317  
(If outside city or town limits, write "RURAL")

(d) Street No. 2840 Victor St.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 8th  
year 1941 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 5  
1941 to Mar 8 1941;  
that I last saw h. alive on Mar 8 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Angina Pectoris  
et Myocarditis

Due to Coronary artery disease

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... ASD

Of autopsy..... 1 aut.

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?.....

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

23. Signature R. Berg (M. D. or other) MD

Address 2253 Harvard Date signed 3/10/41

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.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.  
P.O. Address..... St. Louis, Missouri

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.