

U. S. No. 2
M-11-10-39
Rev. 5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9020
2430
Registrar's No.

Registration District No. 791

Primary Registration District No.

Registrar's No.

00
17
9

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:
Firman Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

In this community 57 years

3. (a) PRINT FULL NAME Anna Sprecher

8. (b) If veteran, name war No

8. (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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 13 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name August Nienkamp

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

14. Maiden name Anna Storck

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

18. (a) Informant Wm. Sprecher

(b) Address 2215 College (East)

17. (a) Burial (b) Date thereof 3/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) MAR 17 1941 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0609

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

(d) Street No. 2215 College (East)
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 8, 1940, to Mar. 15, 1941;
that I last saw her alive on Mar. 13, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder Duration
and urethra about 1 1/2 yrs
Urethra primary site

Due to _____

Due to _____

Other conditions Diabetes, pyelonephrosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations Cancer of urethra and bladder

Of autopsy Cancer of bladder and secondary peritonitis urethra, Pyelonephrosis with

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 Paul Brown (M. D. or other)

Address Paul Brown Bldg. Date signed 3/17/41

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 _____
_____, 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, above space should be left blank.