S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42989

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2636

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: Lindberg and Highway 61 (If not in hospital or institution, write street number or location)

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

In this community 25 Years — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouir (b) County St. Llouis

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

(d) Street No. Lindgerg and Highway 61 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Spengel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida Spengel

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 8 (Day) 1868 (Year)

8. AGE: Years 73 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation retired gardner

11. Industry or business at home

FATHER
12. Name Sebastian Spengel
13. Birthplace (City, town, or county) Europe (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Europe (State or foreign country)

16. (a) Informant Ida Spengel

(b) Address Lemay, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) DEC 27 1941 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 11/24/41, 19 to 12/25 1941 that I last saw him alive on December 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis —

Due to Unknown

Due to —

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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? — (e) Means of injury —

23. Signature C. R. Hawker (M. D. ~~or other~~)

Address 7219 Michigan Date signed 12/26/41

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(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 Oliver E. Fendler

Licensed Embalmer No. 4148

P. O. Address St Louis Mo

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.