

FILED FEB 24 1942  
7914

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
Christian Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether  
In this community 30 Years years, months or days)

3. (a) PRINT FULL NAME Hugo H Spreen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-09-7385

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased October 13 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 2 29 hr. min.

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

10. Usual occupation Clerk  
11. Industry or business Westinghouse Electric

MOTHER FATHER { 12. Name Frederick Spreen  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ruehl  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant E H Spreen  
(b) Address 2915 Greer Ave

17. (a) Burial (b) Date thereof Jan 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetary

18. (a) Signature of funeral director Reiderwieden Funeral Home Inc  
(b) Address 1936 St Louis Ave

19. (a) \_\_\_\_\_ (b) J. T. Brudick  
(Date received local certificate) (Registrar's signature)

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. 748 Ponce St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1942 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from Dec. 26, 1940  
to Jan 12 1942  
that I last saw him alive on Jan 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Severe general pulmonary  
embolism Duration 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 D. E. Lippel (M. D. or other) MD  
Address 4818 N. Grand Date signed 1-13-42

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

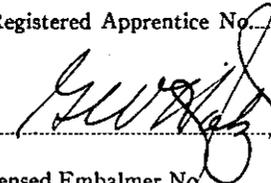
LP

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**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.....  


Licensed Embalmer No. 3737

P. O. Address. 1936 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, fact should be so stated above.**