

FILED MAR 17 1942  
Registration District No. 291

Primary Registration District No. 1003

Registrar's No.

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

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

In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME Adele Spindler

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

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

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 26 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	25	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Hasselbush 9

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

14. Maiden name Unknown

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

16. (a) Informant Chas. Spindler

(b) Address 3920a Dunnica Ave.

17. (a) Burial (b) Date thereof 2/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Barrial Park

18. (a) Signature of funeral director Thacker Heddelsbach

(b) Address 3634 Gravois Ave.

19. (a) EEB 01 1942 (b) J. L. Brodecker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000

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

(d) Street No. 3920a Dunnica Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 th  
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 27  
1936 to Feb 20 1942  
that I last saw her alive on Feb 19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency weak  
Duration

Due to Art. Sclerotic Heart Disease years

Due to Art. Sclerosis years

Other conditions Broncho-pneumonia 1 day  
(Include pregnancy within 3 months of death)

Major findings: Art. Sclerotic Heart Disease PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy Feb 19 1942  
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 Arthur E. Stroud (M. D. or other) \_\_\_\_\_  
Address 539 N. Grand Date signed 2/20/42

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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.....

P. O. Address.....

**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.**