

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3058

Registrar's No. 419

92
39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town. ST CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1103 S. MAIN ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town ST CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 S. MAIN ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. HELENA SPRECKELMEYER
(b) If veteran, name war _____
(c) Social Security No. NONE

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife WM. SPRECKELMEYER
(c) Age of husband or wife if alive 63 years
7. Birth date of deceased FEBRUARY 19 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace ST. CHARLES COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name HENRY SCHNEIDER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARIA KEMPER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant WM E Spreckelmeier
(b) Address ST. CHARLES, MO.

17. (a) BURIAL (b) Date thereof Nov. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director Naedman. Baum
(b) Address 326 16th St, St Charles Mo

19. (a) 11-10-42 (b) Caroline G. Wheeler
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 9
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-20 1941 to Nov. 9 1942
that I last saw h.s. alive on Nov. 3 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Nephritis
Duration 2 yrs.

Due to _____

Due to Cardiac Decompensation 19 yrs.

Other conditions Essential Hypertension 12 yrs.
(include pregnancy within 3 months of death) Diabetes Mellitus 7 yrs.

Major findings: Of operations _____
Of autopsy 601
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) (c) Means of injury _____

23. Signature W. J. Cameron (M. D. or other) MD
Address St. Charles Mo. Date signed 11-10-42

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.....

Arthur C. Paul

Licensed Embalmer No.....

3175

P. O. Address.....

St Charles 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.