. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 776

FILED JAN 19 1943 818
Registration District No.

Primary Registration District No. 1003

Registrar's No. 137

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: 916 Sarah St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000 17 918

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 916 Sarah St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Adam Spies

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-1596

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adeline Spies

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 29th (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired packer

11. Industry or business

FATHER
12. Name George P. Spies
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Strobel
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Adeline Spies
(b) Address 916 S. Sarah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th year 1943 hour 2:40 minute A.M. M.

21. I hereby certify that I attended the deceased from May 1942 to Jan. 5 1943 that I last saw him alive on Jan 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphosarcoma	18 mo.
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 C. H. Lindemann (M. D. or other) M.D.
Address 4126 S. 5 Kreve Date signed 1/5/43

(Licensed Embalmer's Statement on Reverse Side)

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

[redacted] 726a Shreve ave
Est. 7140 12:30 to 3:30
2027 Forsythe ave
Ca 6648

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 Edwin L. M. Dermott

Licensed Embalmer No. 3024

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.