

FILED JAN 19 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 263

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

1. PLACE OF DEATH:

(a) County..... St. Louis  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1506 St. Louis Ave. /  
(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)

3. (a) PRINT FULL NAME Harry E. Spoeneman

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-02-5992

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Spoeneman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar. 20 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Real estate

11. Industry or business Metro. St. Louis Co.

12. Name August F. Spoeneman

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Meyer

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Spoeneman

(b) Address 2851 Ridgeview Ave.

17. (a) Burial (b) Date thereof 1-18-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 11 1943 (b) J. F. Bredech (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Bel-Nor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2851 Ridgeview Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1943 hour 2 45 minute 10 M.

21. I hereby certify that I attended the deceased from 1-9-43 to 1-9-43

that I last saw him alive on 1-9-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 45 min.

Due to 2nd heart attack

Due to 2nd heart attack

Other conditions (Include pregnancy within 6 months of death) 94

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?

While at work? (Specify type of place) (e) Means of injury  
Walter H. Spoeneman M.D.  
Address 1506 St. Louis Date signed 1-10-43

*Mr. Thompson*

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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..... *Albert R. Thompson Jr*

Licensed Embalmer No..... *4237*

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.