

FD SEP 3 1943
Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 2590

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:
2178a E. Linton Ave. 3
(If not in hospital or institution, write street number or location)

Length of stay: in hospital or institution
St. Louis City Hospital (Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Emily Spellmeyer

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J. H. Spellmeyer

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

7. Birth date of deceased December 9, 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>8</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gruber

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

14. Maiden name Sophie Burkhardt

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

16. (a) Informant Wm. Spellmeyer

(b) Address 5804 Amelia

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge

19. (a) Aug 24 1943 (Date received local registrar)

(b) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 2178a E. Linton Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
No Attending Physician (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1943 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Adhesive Pericarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)

(c) Means of injury _____

23. Signature Thomas J. Cline (M.D. or other)
Deputy Coroner Date signed 8-24-43

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

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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.....
Frank H. Stroot

Licensed Embalmer No. *# 2265*

P. O. Address *4600 Natural St*

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.