

FILED FEB 27 1944

318

STANDARD CERTIFICATE OF DEATH 1003

1010

State File No.

380

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
76 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Annie Spengemann

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife Edward
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased March 4 1867
 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 6
 If less than one day hr. min.

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

10. Usual occupation Housework11. Industry or business Fred Schlueter

MOTHER FATHER { 12. Name Fred Schlueter
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Spengemann(b) Address 4642 So. Compton

17. (a) Burial (b) Date thereof Jan. 13 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Paul's Church yard

18. (a) Signature of funeral director W. Schuach(b) Address 3013 Veranec

19. (a) JAN 13 1944 (b) J. F. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4642 So. Compton
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
 year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1944 to Jan 1944
 that I last saw her alive on June 10 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
Distension of ht

Due to _____

Due to As psd

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature J. F. Brudick (M. D. or other) Jan 20 1944Address 4500 Olive Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *J. Morris*

Licensed Embalmer No..... *3360*

P. O. Address..... *3013 Marain*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.