

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13379-**
Registrar's No. **3557**

FILED APR 26 1944 18
Registration District No. **18**

Primary Registration District No. **1003**

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

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: 5059 Rosa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5059 Rosa
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Spoeri Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 17 1855
(Day) (Year)

7. Birth date of deceased June 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Beer Brewer

11. Industry or business _____

12. Name Andrew Spoeri

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

14. Maiden name not known

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

16. (a) Informant Wm. Spoeri

(b) Address 5059 Rosa

17. (a) burial (b) Date thereof 4-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director [Signature]

(b) Address 3013 Meramec

19. (a) APR 18 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 1.00 minute A M.

21. I hereby certify that I attended the deceased from 4-11-44
4-15-44, 19____, 19____
that I last saw him alive on 4-15-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Infermities of aged

Duration _____

Due to _____

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: X
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? _____

While at work? [Signature]
(Specify type of work) (e) Manner of injury

23. Signature [Signature] (M. D. or other) 4/17/44
Address 4523 S. Kemp Highway Date signed _____

4523A
11-1
W.C. MEYER

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..... *Francis A Williamson*

..... Licensed Embalmer No. *3565*

..... P. O. Address *St Louis 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.