

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

2
-13
-39
137823

12550
FILED JUN 19 1944

Primary Registration District No. 1003

Registrar's No. 5092

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Eddie Spaeth

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

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

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

7. Birth date of deceased..... January 22, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>10</u>	hr. min.

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

10. Usual occupation Miner

11. Industry or business.....

MOTHER FATHER {

12. Name Frederick Spaeth

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

14. Maiden name Josephine Steinkuehler

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

16. (a) Informant Mrs Emma Reeder
(b) Address 5281 Watermann Ave

17. (a) Burial (b) Date thereof: 6/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave
(c) J. F. [Signature] (Registrar's signature)

19. (a) JUN 2 1944 (b) 5/4 (Date received and local health officer's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6414 Rear N. Broadway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1944 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 30th
19 44 to June 1st, 19 44

that I last saw h. im alive on June 1st, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to.....

Due to.....

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)
(c) Manner of injury.....

23. Signature [Signature]
Address 1515 Lafayette Date signed 6/3/44

8000
17
?

Duration

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.....

Welford G Burnley

Licensed Embalmer No. *4202*

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.