S. No. 2
0M—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 795

Registrar's No. 233

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 day's (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 4481 Margaretta Ave.
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Adolph Spangenberg

3. (b) If veteran, name war No

3. (c) Social Security No. No

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 March 31, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	7	hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER
12. Name William Spangenberg
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhemina Nortime
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Frederick Spangenberg
(b) Address 4481 Margaretta Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun. Home
(b) Address 2825 N. Grand Blvd.

19. (a) JAN 9 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-15-4, 1944, to 1-7-, 1945, that I last saw him alive on 1-7-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. H. Feller (M. D. ~~or other~~)

Address 2807 N. Grand Date signed 1-8-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.