V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 798

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 653

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: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) 0
In this community 79 years

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. 4642 South Compton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country --------

3. (a) PRINT FULL NAME Edward Spengemann
3. (b) If veteran, name war -------
3. (c) Social Security No. -------
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Annie Spengemann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 14, (Day) 1866 (Year)

8. AGE: Years 79 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Owner
11. Industry or business Ice & Coal Company

MOTHER, FATHER
12. Name Casper Spengemann
13. Birthplace ~~Unknown~~ GERMANY (City, town, or county) (State or foreign country)
14. Maiden name ~~Unknown~~ ELIZABETH HOFFMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Edward C. Spengemann
(b) Address 5637 Itaska
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JAN 23 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th, year 1945 hour 12: minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 10, 1944, to Jan 20, 1945, that I last saw him alive on " " 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	½ hr.
Due to: Cerebral arteriosclerosis	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: none
Of autopsy: none

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) NO
(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 0
23. Signature [illegible] (M. D. or other) MD
Address 4403 Virginia Date signed 1-20

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. J. Shelton
4703 Virginia

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.....Glen W. Hatz

Licensed Embalmer No.....3737

P. O. Address.....936 St. Louis Ave

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.