

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8235**No. 300
10-48

360

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

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>3425</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Boeuf</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Boeuf</u>		<u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kemper Residence</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles South of Berger, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>NONE</u>		c. (Last) <u>Spreckelmeyer</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>31</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-17-1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 YEAR Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Wallenbrock</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Kemper</u>			14. NAME OF HUSBAND OR WIFE <u>Edw Spreckelmeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Kemper, Berger RFD, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>May 15, 1947</u> , to <u>Mar. 31, 1950</u> , that I last saw the deceased alive on <u>Feb. 16, 1950</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>3/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berger RFD Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-31-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		93 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 6 1950
District Health Officer No. 9,
District File No. 11

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Gustav W. Dietrich*

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

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.