

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16768

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 11003
 City St. Louis (No. 6135 Waterman) Registered No. 4887 Si. Ward

2. FULL NAME

Spitz Edward Base
 (a) Residence. No. 6135 Waterman Ave
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Base
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7-1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75. 8. 20. — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Gen. Merchandise
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Paducah
 (STATE OR COUNTRY) Ky.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

E. Base
Kentucky

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sarah Lane
Kentucky

14. INFORMANT

Mrs B.C. Kennedy
 (Address) Rm 8.17 Railway St. Bldg

15. FILED

APR 29 1929
May C. Starnes
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to Apr 28, 1929, that I last saw him alive on Apr 27, 1929, and that death occurred, on the date stated above, at 8:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
57
99
 (duration)..... yrs. mos. 5 ds.
 CONTRIBUTORY Diabetic Arterio-Sclerosis
 (SECONDARY) many
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sugar. Coma - Arterio

(Signed) Louis H. Bellomo, M. D.

Apr 27, 1929. (Address) 102. 20. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hickman, Ky

DATE OF BURIAL

4-29-1929

20. UNDERTAKER

L. R. Rupton

ADDRESS Street
4449 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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