

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

Do not use this space.

35547

**1. PLACE OF DEATH**

47 County Iron Registration District No. 391  
Township Wooded Primary Registration District No. 4230  
2 City Donora (No. .... St. .... Ward)

File No. ....  
Registered No. 46

**2. FULL NAME**

Heartford Arueal Spitzmuller  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
9.3 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 47

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Factory

10. Date deceased last worked at this occupation (month and year) Oct 1930 11. Total time (years) spent in this occupation 7 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donora Missouri

13. NAME John Spitzmuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donora Missouri

15. MAIDEN NAME Arueal Hayes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donora Missouri

17. INFORMANT John Spitzmuller  
(ADDRESS) Donora Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Arcaidia Mo DATE Nov 6, 1932

19. UNDERTAKER R.P. Emory  
(ADDRESS) Donora Mo

20. FILED Nov 12, 1932 PA Rasche  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1931, to Nov 4, 1932

I last saw him alive on Nov 4, 1932. Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 7/34  
worked in paint factory inhaled dust from can

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Edward R. Bamhauer, M. D.  
(Signed) Donora Mo  
(Address) .....

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.

NOV 3 3 1932

