JAN 26 1934

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

ISOLATION HOSPITAL

Do not use this space. 41509

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 10515

City St Louis Mo. (No. ..... St. ..... Ward)

2. FULL NAME Ralph Spissinger

(a) Residence, No. 1551 So 2nd St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 28 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1930

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 3 | 0 | 28 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME John Spissinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Ida Hamanan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Leona Burns 5600 arsenal.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE Dec. 9 1933

19. UNDERTAKER (ADDRESS) Wick Bros 2201 S. Grand

20. FILED DEC. 7 1933 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933, to Dec 6, 1933

I last saw him alive on Dec 6, 1933 Death is said to have occurred on the date stated above, at 7:10 p.m.

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

Measles (Not German) — Date of onset 12-3

1

101A

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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? Not

If so, specify

(Signed) John Eschenbrenner M. D.

(Address) ISOLATION HOSPITAL

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

MARGIN RESERVED FOR BINDING

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.

VRS. NO. 2