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.

FEB 27 1934

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

Do not use this space.

3292

File No. 954

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4661 Newport ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Otto Spitz

(a) Residence, No. 4661 Newport St., 15 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Spitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13. 1853

7. AGE: Years 80. Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Fenton Mo.

FATHER

13. NAME: Roman Spitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Vincent Duda 4661 Newport ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Fenton Mo. DATE: Jan 29 1934

19. UNDERTAKER (ADDRESS): Thos Gitsi 2906 Gravois ave

20. FILED: 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1934 to Jan. 25, 1934.

I last saw him alive on Jan. 24, 1934. Death is said to have occurred on the date stated above, at 11.30 p.m.

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

	Date of onset
Mitral insuffiency	1931.

Other contributory causes of importance:

Arterio-sclerosis and senility	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 no.

(Signed) Otto Sterling, M.D.

(Address) 2221 Cherokee st.