

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.

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Isolation Hospital 701

Do not use this space.

39111

1. PLACE OF DEATH

County.....

Registration District No. 11008

File No.....

Township.....

Primary Registration District No. Isolation Hospital

Registered No. 10098

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

St. Ward)

2. FULL NAME Robert Spitzmiller

(a) Residence, No. 911 Victor St. 23 Ward.

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Everett Spitzmiller

14. BIRTHPLACE (CITY OR TOWN) Arcadia, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Marie Boyet

16. BIRTHPLACE (CITY OR TOWN) Malden, Missouri (STATE OR COUNTRY)

17. INFORMANT M.G. Barry (ADDRESS) 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 11/11/37

19. UNDERTAKER Allen W. McLaughlin (ADDRESS) 6308 Lafayette Ave.

20. FILED NOV 11 1937 J. E. Reddick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-24-1937, to 10-29-1937

I last saw him/her alive on 10-29-1937 Death is said

to have occurred on the date stated above, at 1:25 P. M.

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

Scarlet Fever
Adenitis, Suppurative
Branchiopneumonia
Date of onset 10-19

Other contributory causes of importance:

Name of operation 22.2.17.6 Date of

What test confirmed diagnosis? chemical Was there an autopsy? yes

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

(Signed) Henry J. Ward, M. D.

(Address) 5600 Arsenal

