

REC'D MAY 10 1938

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

13318

Do not use this space.

3922

1. PLACE OF DEATH

- (a) County.....**3** Registration District No.....**791**
 (b) Township.....**1** Primary Registration District No.....**1003** Registered No.....
 (c) City **ST. LOUIS** (d) Street No. **En route City Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- NICHOLAS SPIEIBERG (SEKELY)**
 (a) Residence, No. **4421 PAGE** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) UNK		
7. AGE YEARS AB. 69	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PAINTER		
9. Industry or business in which work was done, as 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) AUSTRIA		
FATHER	13. NAME UNK	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA	
MOTHER	15. MAIDEN NAME UNK	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA	
17. INFORMANT CHARLES KOMLOSY (ADDRESS) 1522 CLARA		
18. BURIAL, CREMATION, OR REMOVAL Place Chesed Shel Emeth DATE 4/28 1938		
19. FUNERAL DIRECTOR (NAME) H. B. BERGER (ADDRESS) 4715 McPHERSON		
20. FILED APR 27 1938 J. Budick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22nd 1938**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at **10:30 P.M.**

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

**Hypertrophy of the heart,
Aortic Stenosis,
Arteriosclerosis of coronary
arteries,
Oedema of lungs. Natural Causes**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 of injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Joseph McQuinn** M.D.(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.