

2-40
-39
123189

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1242**

1. PLACE OF DEATH: Buchanan
 (a) County St. Joseph
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 912 Jule St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 years (Specify whether
 In this community 2 years, months or days)

3. (a) PRINT FULL NAME Otto A. Spiegel
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Della
 6. (c) Age of husband or wife if years
 7. Birth date of deceased: March 25, 1863
 (Month) (Day) (Year)

8. AGE: 77 Years Months 8 Days 1
 If less than one day hr. min.

9. Birthplace: Hamburg, Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired railroad man

11. Industry or business: Burlington

12. Name: Andrew Spiegel
 13. Birthplace: unknown
 (City, town, or county) (State or foreign country)

14. Maiden name: unknown
 15. Birthplace: unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Spiegel
 (b) Address: 912 Jule St

17. (a) Burial (b) Date thereof: 11-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. A uburn Cemetery

18. (a) Signature of funeral director: Tracy Barry Funeral Home
 (b) Address: 218 South 10th St

19. (a) 11-29-1940 (b) Needlepush
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 912 Jule St
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 26
 year 1940 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-5-40 to 11-26-40, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death:

Chronic Decompensating Heart Disease with fibrillation

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: 20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place) (e) Means of injury

23. Signature: Andrew W. Lewis (M. D. or other) 1940

Address: Kirby Street Bldg. Date signed: 11-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 10 1940

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.