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1943 JAN 15 1943 7917
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**
(Specify whether)

In this community **61 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **5370 Pershing**
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULLNAME **Joseph Spiro**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 6 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	23	hr. min.

9. Birthplace **Memphis, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Jewelry Salesman**

12. Name **Henry Spiro**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosa Pottsdamer**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hattie Peltason**

(b) Address **Branscome Hotel**

17. (a) **Burial** (b) Date thereof **12-1-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Herman Rindskopf**

(b) Address **5216 Delmar Blvd**

19. (a) **Dec 1-40** (b) **J. H. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **29**
year **1940** hour **6:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 1936**
19____ to **Nov. 29, 1940**
that I last saw him alive on **Nov. 29, 40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary - Renal Disease

Due to _____

Due to _____

Other conditions **Nephritis, Heart**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **J. H. Budeck** (M. D. or other) _____

Address **3124 S. Grand** Date signed **1/1/44**

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

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 Chas. W. Cooper

Licensed Embalmer No. 38130

P. O. Address 5216 Delmar

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, fact should be so stated above.