DEPARTMENT OF COMMERCE
(BUREAU OF THE CENSUS)
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28639

Registration District No. 423 | Primary Registration District No. 5578 | Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: ~~Kimmiswick RR~~ ROCK (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: i (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: Kimmswick RR (If outside city or town limits, write "RURAL")

(d) Street No.: near Fenton Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Romain Spitz

3. (b) If veteran, name war: XXXX

3. (c) Social Security No.: XXXX

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Elizebeth Spitz

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: 9 (Month) 6 (Day) 1854 (Year)

8. AGE: Years 86 | Months 11 | Days 5 | If less than one day: hr. min.

9. Birthplace: Kimmswick (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Romain Spitz

FATHER 13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name: Hacklin Flota

MOTHER 15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: Emil Spitz

(b) Address: Kimmswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/14/41 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Pauls. Cem Fenton, Mo.

18. (a) Signature of funeral director: Kenneth N. Koch

(b) Address: Fenton, Mo.

19. (a) Aug 13 1941 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10th, 1940, to Aug 10, 1941, that I last saw him alive on Aug 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to:	
Due to:	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)

While at work? (c) Means of injury:

23. Signature: Frank L. Huck M.D. (M. D. or other)

Address: Fenton, Mo. Date signed: 8/12/41

304 (Licensed Embalmer's Statement on Reverse Side)

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.

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 Kenneth H. Koch

Licensed Embalmer No. 3047

P. O. Address Fenton, Mo.

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

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