

FILED NOV 21 1941
Registration District No. **791**

Primary Registration District No. _____

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

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:
4264 N. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **Unknown** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
St. Louis **19**
(c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **4264 N. 19th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph L Spitzenberg**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **15th**
year **1941** hour **9:59 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Oct. 10th**
1941 to **Oct 15th** 19**41**;
that I last saw him alive on **Oct 14th** 19**41**
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Augusta Spitzenberg nee Funke**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 2, 1856**
(Month) (Day) (Year)

Immediate cause of death **apoplexy -**
Due to **embolic Hemorrhage (Non Traumatic)**
Due to **Senile arterial Sclerosis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration **4**
Special years _____

8. AGE: Years Months Days If less than one day
85 **2** **13** hr. min.

9. Birthplace **Martinsfeld Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Foreman Krey Packing Co.**

11. Industry or business _____
12. Name **Christopher Spitzenberg**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margatta**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Spitzenberg**
(b) Address **4264 N. 19th St.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/18/41**
(Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Blair Ave**
19. (a) **OCT 18 1941** (b) **J. T. Medeck**
(Data received local registrar) (Registrar's signature)

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 **C**
23. Signature **A. S. Vogel** (M. D. or other)
Address **4244 W. Florissant** Date signed **10/16/41**

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. 2967
P. O. Address.....
St. Louis, Mo.

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.