

FILED MAY 13 1943

Registration District No. 70

Primary Registration District No. 1000

State File No. _____

Registrar's No. 501

1. PLACE OF DEATH:

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

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")
(d) Street No. 810 Garden (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Rose SPIEGLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Jess Spiegel 6. (c) Age of husband or wife if alive. 54 years
7. Birth date of deceased. Feb. 2 1891 (Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Ed Eisenbobl
13. Birthplace Austin (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Fred Spiegel
(b) Address 810 Garden St.
17. (a) Burial (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation. Catholic Church

18. (a) Signature of funeral director. Clark Mortuary
(b) Address 50th & Kings Highway
19. (a) 4-24-43 (b) Abe Herzog (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1943 hour 2 minute 35 p. M.

21. I hereby certify that I attended the deceased from April 20, 1943 to April 22, 1943 that I last saw her alive on April 22nd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Cardiac Dilatation

Due to. Intestinal obstruction

Due to. _____

Other conditions. _____ (Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction and gangrenous small intestine

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) (Means of injury)

23. Signature J. P. ... (M. D. or other) No. 00
Address 823 S. ... St. St. Joseph, Mo. Date signed 4/22/43

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

MAY 13 1948

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 4-22-43

....., Registered Apprentice No.

working under my personal supervision.

Signed..... [Signature]

Licensed Embalmer No. 4238

P. O. Address St Joseph 744

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 13793Registration District No. 42Primary Registration District No. 1000Registrar's No. 8-01

1. PLACE OF DEATH:

- (a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mersey Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMERose Spigle3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex 7
 5. Color or race rr
 6. (a) Single, widowed, married,
 divorced in
 6. (b) Name of husband or wife Fred
 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Feb 2 - 1894
 (Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 10
 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 810 Garden
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day 2 Year 1943 hour 2:30 minutes 30 M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to acute cardiac dilatation
Intestinal obstruction

Due to No Malignancy found

Other conditions _____
 (Include pregnancy within 3 months of death) 12202

Major findings: Intestinal obstruction
 Of operations & gangrene small intestine
 Of autopsy _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

