V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14238

Registration District No. 166 Primary Registration District No. 3020 Registrar's No. 30

36
6
2

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

**1. PLACE OF DEATH:**

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community 91 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 36

(a) State Missouri (b) County Franklin 6
(c) City or town Washington 2
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Market St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Seraphine Mary Spaunhorst.

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

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband Edward John Spaunhorst.
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased November (Month) 20th. (Day) 1851. (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 91 | 4 | 11 | hr. min. |

9. Birthplace Jeffriesburg, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation House-work.
11. Industry or business x

FATHER
12. Name John Joseph Noser. 5
13. Birthplace Unknown, (City, town, or county) Switzerland. (State or foreign country)

MOTHER
14. Maiden name Mary Magdoline Landolt, 5
15. Birthplace Unknown, (City, town, or county) Switzerland. (State or foreign country)

16. (a) Informant Edwin G. Spaunhorst
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nilburg & Vitt, Inc
(b) Address Washington, Mo.
19. (a) 4/3/43 (Date received local registrar) (b) Lucille Ruetter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 1st, year 1943 hour 9:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 15, 1943, 19 April 1, 1943, that I last saw him alive on April 1, 1943, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 e

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] M.D. or other
Address Washington Mo Date signed 4/3/43

1181 (Licensed Embalmer's Statement on Reverse Side) Dr. J. P. Post

**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 me

~~Registered Apprentice No.~~

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.**