

35753

State File No.

Registrar's No. 2418

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(c) Name of hospital or institution:
5712 Hodiament Ave.
(d) Length of stay: In hospital or institution 30 Years.
In this community 30 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(d) Street No. 5712 Hodiament Ave.
(e) Citizen of foreign country? Yes.
If yes, name country Austria Hungary.

3. (a) PRINT FULL NAME Joseph Lotspeich

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eva Lotspeich 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 15, 1852

8. AGE: Years 91 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Austria Hungary

MOTHER FATHER

12. Name Christopher Lotspeich
13. Birthplace Austria Hungary
14. Maiden name Johanna Novak
15. Birthplace Austria Hungary

16. (a) Informant Mrs. Anna Bimbi
(b) Address 5712 Hodiament Ave.

17. (a) Burial (b) Date thereof 11/2/43
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) OCT 30 1943 (b) E. S. McSwain, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Oct 25, 1943
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10-1-42

Due to arteriosclerosis Duration 10-1-42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93A
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (Specify type of place) _____
Address 3282 1/2 Grand Blvd (e) Means of injury _____
Date signed 10/28/43

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

26
00

Ernest Reynolds

FR 0983

12-2

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. 1st

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.