

FILED FEB 27 1944

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

348

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County.....  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3734 So. Broadway,  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME

Lena Spissinger

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

3. (c) Social Security  
No.....

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

6. (b) Name of husband or wife Emil, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 28 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 7 13 hr. .... min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Don't Know

13. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Spissinger

(b) Address 3734 So. Broadway

17. (a) Cremation, (b) Date thereof 1/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John - Ben Mortuary

(b) Address 2842 McNamee St.

19. (a) J. R. Brudish (b) J. R. Brudish  
(Date received from) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
 year 1944 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from January 9, 1944, to January 11, 1944, that I last saw him ET alive on January 11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vasculature Hemorrhage  
 Due to.....

Due to.....  
 Other conditions (Include pregnancy within 3 months of death).....  
 Major findings: Of operations.....  
 Of autopsy refused

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) (e) Means of injury  
 23. Signature J. R. Brudish (M, D, or other).....  
 Address 1515 Lafayette Avenue Date signed 1/11/44

**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..... *Joe S. Benz*

Licensed Embalmer No..... *04249*

P. O. Address..... *2842 Meramec St.  
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.**