S. No. 2
M—5-43
v. 5-17-39
I X36671

WR PLAINLY—USE UN ADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

961

FILED FEB 1 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 748

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: 3539 Flora Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 3539 Flora Court
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Esther Spitz

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 Widow

6. (b) Name of husband or wife Moritz Spitz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 7, 1851 ~~1865~~ (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
94	1	15	hr. min.

9. Birthplace Sperndorf (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Edward Bloch
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Lena Weiss
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Alma Spitz
(b) Address 3539 Flora Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) JAN 23 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1946 hour 10:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 10 1936, 19 , to Jan 22, 1946
that I last saw her alive on Jan 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
arteriosclerosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

Major findings:
Of operations

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? (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

23. Signature N. M. Freund (M. D. or other)

Address 311 S. Grand Date signed 1/5/88

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.