

S. No. 2
M-2-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28152

State File No.

FILED AUG 29 1947

Registration District No.

Primary Registration District No. 3031

Registrar's No. 34

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town De Soto Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 807 W. Miller St. 1
(If not to hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME PHILLIPINA SPRESS

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 WIDOW

6. (b) Name of husband or wife Carl Mayer

6. (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased: May 8 (Month) 1869 (Day) (Year)

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Carl Mayer

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant

(b) Address

17. (a) Funeral (Burial, cremation, or removal)

(b) Date thereof Aug 9 1947 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery De Soto Mo.

18. (a) Signature of funeral director Donald B. Wittich

(b) Address De Soto Mo.

19. (a) 8-14-47 (Date received local registrar)

(b) Marie Harris (Registrar's signature) 10/1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")

(d) Street No. 807 W. Miller St. 2
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1947 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from November 1947 to Aug 10 1947
that I last saw her alive on August 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 1 day
Heat Prostration

Duration

Due to

Due to

Other conditions Diabetic Sensitivity
(Include pregnancy within 3 months of death)

MAJOR FINDINGS

Major findings:
Of operations U
Of autopsy U

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) (c) Means of injury U

23. Signature D. B. Wittich (M. D. or other) D. B.
Address De Soto, Mo. Date signed Aug 9

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

50
2
2

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
AUG 28 1947

SEP 8 1947

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 Donnell B. Dickey
Licensed Embalmer No. 4108
P. O. Address Delato, 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.