S. No. 2
M—1/47
y. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947
#77032

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33049
8910

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ood

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 South Seventh Street 9
Memorial 23 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME EVERETTE SPITZMILLER

3. (b) If veteran, name war Nil

3. (c) Social Security No. 492-09-3452

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 26, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	26	hr. min.

9. Birthplace Roselle, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Steel-worker

11. Industry or business

FATHER
12. Name Michael Spitzmiller
13. Birthplace ? Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Casteel
15. Birthplace ? Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Spitzmiller
(b) Address 2618 South Seventh Street

17. (a) burial (b) Date thereof 9/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Pk. Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) SEP 23 1947 (b) J. F. Breseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1947 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from 8/30/47
, 19, to Sept. 22nd 1947
that I last saw him alive on Sept. 22nd 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 4 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature George P. Smith (M. D. or other)
Address 1515 Lafayette Date signed 9/22/47

Jefferson City Printing Co.

(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 C W Cooper

Licensed Embalmer No. 5830

P. O. Address 2301 Lafayette Ave

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.