S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41925

Primary Registration District No. 1003

Registrar's No. 10910

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 7508 Vermont (If rural, give location)

(e) Citizen of foreign country? 15 years (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME ANNA WELDELE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife C Frank

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

7. Birth date of deceased July (Month) 26 (Day) 1870 (Year)

8. AGE: Years 78 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business at home

FATHER 12. Name Robert Spitz

FATHER 13. Birthplace (City, town, or county) Europe (State or foreign country)

MOTHER 14. Maiden name Pauline Spitz

MOTHER 15. Birthplace (City, town, or county) Europe (State or foreign country)

16. (a) Informant Mrs. Joseph Spitz

(b) Address Affton, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Maxville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 17 1948 (Date received local registrar) (b) J. O. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1948 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 16 1948, 19 to Dec 16, 19; that I last saw h. alive on Dec 16, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cardiac failure

Due to Carcinoma with fracture of femur

Due to Site not known

Other conditions metastases to chest.

(Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence Nov 16, 1948

(c) Where did injury occur? Lemay Nursing (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Stanley M Leydig (M. D. or other)

Address 3920 Washington Date signed 12/16

(Licensed Embalmer's Statement on Reverse Side) Stanley M Leydig

Dr. Geyding

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. Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address. St Louis

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.