

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 35598

318

Registrar's No. 8639

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Mo.				a. STATE Missouri b. COUNTY			
c. LENGTH OF STAY (In this place) 19-16-49				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 4340 McRee 5			
3. NAME OF DECEASED (Type or Print) MATHILDA		b. (Middle) LOTTIE		c. (Last) SPITZ		4. DATE OF DEATH (Month) (Day) (Year) OCT 5 1949	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH Feb. 10, 1887.	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 62	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Lauber		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Barney Spitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ben Spitz - 4340 McRee Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease				INTERVAL BETWEEN ONSET AND DEATH 5 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage				5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93d			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H221			
22. I hereby certify that I attended the deceased from July 8, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 2:30P m., from the causes and on the date stated above.							
23a. SIGNATURE Oletus Krag MD (Degree or title)				23b. ADDRESS 5600 Armand St. St. Louis		23c. DATE SIGNED Oct 6, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-8-49.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE RECD BY LOCAL REG. OCT 7 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

STATE DEPARTMENT OF HEALTH - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas W. Hayes

Licensed Embalmer No. _____

P. O. Address _____

3737
St. Louis, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.