

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6688
1005
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4353 ELLENWOOD		1. STREET ADDRESS (If rural, give location) 4353 ELLENWOOD	

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) M c. (Last) Spitz			4. DATE OF DEATH (Month) (Day) (Year) 2 1 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED MARRIED	
8. DATE OF BIRTH FEB. 20-1892		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months 11 Days 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

12a. FATHER'S NAME DISCHBEIN		13b. MOTHER'S MINNIE Theivour		14. NAME OF HUSBAND OR WIFE GEO. D. SPITZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George D. Spitz 4353 Ellenwood	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bicavernary Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Atherosclerosis Hypertension		2 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1443X	

22. I hereby certify that I attended the deceased from Sept 10, 1948, to Feb 1, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. Schmecken U (Degree or title) MA		23b. ADDRESS 6814 Garrison Ave		23c. DATE SIGNED 2/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pl	
24d. LOCATION (City, town, or county) St Louis Mo		24e. LOCAL HEALTH DEPARTMENT'S SIGNATURE (Name) W. J. Bernstein 3819 Grand			
DATE REC'D BY LOCAL REG. FEB 4 1951		REGISTRAR'S SIGNATURE J. B. Farster		24f. LOCAL HEALTH DEPARTMENT'S ADDRESS	

WRITE PLAINLY—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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Geo. Winklermuelle jr

Licensed Embalmer No. *46110*

P. O. Address *St Louis 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.