

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 26 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11860**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
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 Imperial	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital		d. STREET ADDRESS (If rural, give location) Rt #1	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) _____ c. (Last) Spitz			4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18 1868
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 8 Months 5 Days	IF UNDER 24 HRS. _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Jefferson County Mo.
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Romain Spitz	
13b. MOTHER'S MAIDEN NAME Unknown-- Raesch--		14. NAME OF HUSBAND OR WIFE Theresa Spitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Spitz Rt #1 Imperial, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture, left hip		DUE TO (c) none	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Imperial Jefferson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down steps E9000	
22. I hereby certify that I attended the deceased from Dec 17, 1952 , to Dec 29, 1952 , that I last saw the deceased alive on Dec 22, 1952 , and that death occurred at 7:00 Am. , from the causes and on the date stated above. 21			
23a. SIGNATURE (Degree or title) H. J. Shelton M.D.		23b. ADDRESS # 16 Hampton Village	23c. DATE SIGNED 12-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-27-52	24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Fenton Mo.
DATE REC'D BY LOCAL REG. DEC 26 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Fenton Mo.	

quest

*incomplete
just after, in 1927*

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.

inspects

Student
Student Embalmer

Student Embalmer

10 22 27 10 27 1927

Student Embalmer No. _____

Signed

William H. Pottenger

Licensed Embalmer No. *4 B 1 C*

P. O. Address *Windsor, N.C.*

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.