

FILED MAY 31 1957

STANDARD CERTIFICATE OF DEATH

19889

37-6254-370 Primary Registration District No. 6254 STATE FILE NUMBER 370 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Wayne			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silva		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Silva		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route		Length of stay in lb 7 yrs	d. STREET ADDRESS (If outside, give location) Star Route		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louis Middle W. Last SPITZ			4. DATE OF DEATH Month May Day 18 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1890	9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY a Retired	11. BIRTHPLACE (City and state or country) Jefferson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Spitz			14. MOTHER'S MAIDEN NAME Tresa Deal		
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. 497320929	17. INFORMANT Anna Spitz, Satr Rt., Silva, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the colon DUE TO (b) with metastases to lungs DUE TO (c) and undetermined PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Generalized arterio sclerosis 153x					INTERVAL BETWEEN ONSET AND DEATH about 6 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 8:55 PM Month 5/18/57 Day 18 Year 1957 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis Co., Mo.	
21. I attended the deceased from Nov. 1956 to May 1957 and last saw her alive on April 1957 Death occurred at 8:55 PM 5/18/57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph E. Don Kaerel MD			22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 6/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-22-57	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan		25. DATE RECD. BY LOCAL REG. 5-29-57		26. REGISTRAR'S SIGNATURE Hetta M. Ward	

FILE NO.
 WAYNE CO. HEALTH CENTER
 MAY 29 1957

Wayne
 Star Route
 Louis
 male
 Police Officer
 Louis Spitz
 no
 4232022
 Ann Spitz, Star Rt., Milw., Wis.
 Treas Deal
 Jefferson Co., Mo.
 Feb. 14, 1890
 Spitz
 Star Route
 Olive
 Missouri

JUN 1957
 MAY 18 1957

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 *me*, Student Embalmer No. _____
 working under my personal supervision.

Student _____ Signed *Maxwell E. Bowles*
 Signature of Student Embalmer
 Licensed Embalmer No. 40
 P. O. Address *Redmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be stated above.