

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6139
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan / Registration District No. 85
(b) Township St. Joseph / Primary Registration District No. 1001
(c) City St. Joseph / (d) Street No. St. Joseph's Hospital Registered No. 215
(e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 70 yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Elizabeth Frances Spitze / 132
(a) Residence, No. 2324 Jule St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Spitze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Wertenberg, (STATE OR COUNTRY) Germany

FATHER
13. NAME Fred Handley 6
14. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Ger.

17. INFORMANT Miss Nellie Spitze (ADDRESS) 2324 Jule St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Feb 19 1938

19. FUNERAL DIRECTOR Walter Meierholder (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED Feb 19 1938 H. J. Blattnick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 16, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to Feb 16 1938
I first saw h. or alive on Feb 16 1938. Death is said to have occurred on the date stated above, at 11.40 m. P.M.
The principal cause of death and related causes of importance were as follows:

Influenza and Bronchial
Pneumonia
93 B1 -
Date of onset 1/25/38

Other contributory causes of importance:

myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. F. Owens, M. D.
(Address) Ballinger Bldg, St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

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.)