

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4314 Itaska St., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community Life. years, months or days)

3. (a) PRINT FULL NAME Michael Spreitzer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 27th, 1849
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>4</u>	<u>4</u>	hr. min.

9. Birthplace Sept. 27th, 1849. St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Florist Helper

11. Industry or business.....

MOTHER FATHER

12. Name Michael Spreitzer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Charles Spreitzer

(b) Address 4314 Itaska St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43
(Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director John Ziegenhagen & Son

(b) Address 7027 Gravois Ave.

19. (a) FEB 2 1948 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... **000**

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") **1512**

(d) Street No. 4314 Itaska St., (If rural, give location) **159**

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1943 hour One minute A. M.

21. I hereby certify that I attended the deceased from January 20th 1943 to January 31st 1943
 that I last saw him alive on January 30th 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Acute myocarditis. Duration 10 days

Due to Chronic myocardial degeneration 2 yrs

Due to.....

Other conditions 9/2
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) Means of injury.....

23. Signature W. F. Phillips (M. D. or other)
 Address 7027 Gravois Ave. Date signed 2/1/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

B. P. Kidwell

Licensed Embalmer No. *3877*

-P. O. Address *7027 Gravois*

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.