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1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1444 Madison St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... ? (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
12 26

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

(d) Street No..... 1444 Madison St.  
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Fred Spalti

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... UNKNOWN

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

7. Birth date of deceased..... October 10, 1874.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>5</u>	hr. min.

9. Birthplace..... Netstall, Glarus, Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Tar Roofer

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown

13. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Jacob Patzer

(b) Address..... 3507 Oak Hill Ave.

17. (a) Burial (b) Date thereof..... Dec. 21, 1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Park Lawn Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz Funeral Home

(b) Address..... 4828 Natural Bridge Blvd.

19. (a) DEC 20 1947 (b) J. F. Medek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 16th 15th  
year..... 1943 hour..... 9 minute..... 45 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral apoplexy

Due to.....

Due to.....

Other conditions.....  
(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?.....

23. Signature..... Albert Perry (M. D. or other)  
Address.....  
Date signed..... 12/20/43

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

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**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.....

*John Mlinar*

Licensed Embalmer No.....

*4186*

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.**