No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24743

Registrar's No. 6891

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 Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7051 Tulane
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH SPASSER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Abraham Spasser
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 61 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Abraham Spasser
(b) Address 7051 Tulane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) AUG 5 - 1948 (Date received local registrar) (b) J. F. Bulach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1948 hour 8 minute 30 pm

21. I hereby certify that I attended the deceased from Sept 9, 1947 to present, 19..; that I last saw her alive on Aug 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Achalasia of Esophagus	6 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Rheumatoid Arthritis	10 yrs

Major findings:
Of operations: Gastrostomy
Of autopsy: none

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul O. Hagemann, M.D. (Name of other)
Address 3720 Washington Date signed 8/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4053

P. O. Address _____

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.