

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No.

13743

3738

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1949</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnard Free Skin &amp; Cancer Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6044 Arsenal</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>Spitznass</u>		c. (Last) <u>Feder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>June 1, 1867</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Herman Spitznass</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bunch</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Feder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm J. Feder 6044 Arsenal St</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the rectum (surgery)</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 months</u>	
19a. DATE OF OPERATION <u>April 13, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum with metastases</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>460</u>		21f. HOW DID INJURY OCCUR? <u>154X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>April 4, 1949</u> , to <u>April 24, 1949</u> , that I last saw the deceased alive on <u>April 24, 1949</u> , and that death occurred at <u>2:52 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles S. Sherwin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3427 Washington Blvd.</u>		23c. DATE SIGNED <u>April 24, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>2-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Ill Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhagen Bros 6409 Gravois Ave</u>			
DATE REC'D BY LOCAL REG. <u>APR 26 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Saraten</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhagen Bros 6409 Gravois Ave</u>					

(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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed Henry M. Brauner

Licensed Embalmer No. 4200

P. O. Address St. Louis

**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.