

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28936**

9600

BIRTH NO. _____		REG. DIST. NO. <b>1317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>1855</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Brks, Mo.</b>		c. LENGTH OF STAY (in this place) <b>25 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy, Ill.</b>		949 11		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>2001 Illinois Ave</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Reinhardt</b> b. (Middle) <b>J.</b> c. (Last) <b>Spittler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 30, 1949</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>8-24-92</b>		
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Albert Spittler</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Kiser</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		(If yes, give war or dates of service) <b>WW-I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>		
						ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
<b>MEDICAL CERTIFICATION</b>								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>								
INTERVAL BETWEEN ONSET AND DEATH								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
DUE TO (b) <b>Arteriolar nephrosclerosis</b>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death. <b>Lobar pneumonia</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>7-5-</b> <b>1949</b> , to <b>7-30-</b> <b>1949</b> , that I last saw the deceased alive on <b>7-30-</b> <b>1949</b> , and that death occurred at <b>2:15pm.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>L.E. Stilwell</b> (Type or Print)				23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks, Mo.</b>		23c. DATE SIGNED <b>8-1-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-2-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland, Ill.</b>		24d. LOCATION (City, town, or county) (State) <b>Highland, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>8-1-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Alonka, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Mercer</b> ADDRESS <b>Hammer City</b>				

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

AUG 17 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles E. Menden*

Licensed Embalmer No.

*2988*

P. O. Address

*Franklin St. 9th*

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.