

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39320

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10087**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 45 yrs | | d. STREET ADDRESS (If rural, give location) 23 1833 Schild Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital | | | |
| 3. NAME OF DECEASED a. (First) William | | b. (Middle) (N.M.N.) | c. (Last) SPITZMILLER |
| 4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1949 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH MARCH-11-1876 |
| 9. AGE (In years last birthday) 73 | 10. UNDER 1 YEAR Months Days | 11. UNDER 2 HRS. Hours Min. | 12. CITIZEN OF WHAT COUNTRY? |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. | |
| 11. BIRTHPLACE (State or foreign country) Ironton, Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME George Spitzmiller | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Bonnie |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bonnie Spitzmiller 1833 Schild Ave |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory cessation. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular accident(?) DUE TO (c) C.N.S. Leses II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General paresis & tabes of acute onset | |
| INTERVAL BETWEEN ONSET AND DEATH 10 min. | | 20 min. | |
| a few months? | | 7 weeks | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo. | |
| 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? 02-1-X | |
| 22. I hereby certify that I attended the deceased from 5:00 , 19 49 , to 22 Nov, 1949 , that I last saw the deceased alive on 22 Nov, 1949 , and that death occurred at 10:45 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John J. ... D.M.D. | | 23b. ADDRESS | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-25-49 | 24c. NAME OF CEMETERY OR CREMATORY Mount Hope | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| DATE REC'D BY LOCAL REG. NOV 23 1949 | REGISTRAR'S SIGNATURE B. Laster | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.W. McLaughlin 2301 Lafayette Av | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. W. Cooper

Licensed Embalmer No.

3830

P. O. Address

2301 Lafayette

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.