

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39765**
Registrar's No. **9237**

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39765		Registrar's No. 9237			
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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Berkeley		4091					
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 8760 Scudder							
3. NAME OF DECEASED (Type or Print) Emma			a. (First)			b. (Middle)			c. (Last) Spitznagel		
4. DATE OF DEATH Oct 18 1951			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2			8. DATE OF BIRTH May 14 1862			9. AGE (In years last birthday) 89		
5. SEX Female		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Luem			13b. MOTHER'S MAIDEN NAME Susanne Bruckner			14. NAME OF HUSBAND OR WIFE John M. Spitznagel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Gertrude Spitznagel-Berkeley, Mo. ADDRESS					
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) Hypertensive CARDIO-VASCULAR Disease - c Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease - c Pulmonary edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia						INTERVAL BETWEEN ONSET AND DEATH 3 days - 2 days -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none.						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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Oct 15, 1951 , to Oct 18, 1951 , that I last saw the deceased alive on Oct 17, 1951 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Harold C. Sells M.D.						23b. ADDRESS 5626 W. Fairmount			23c. DATE SIGNED 10/19/51		
24a. FUNERAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. OCT 19 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ferguson, Mo. ADDRESS					

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Jerguson, Va

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.