

BIRTH NO. _____

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 560Registrar's No. 0029

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI

b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO.)c. LENGTH OF STAY (in this place) 81 DAYSc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2099d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITALd. STREET ADDRESS (If rural, give location) 4264 NORTH 19TH STREET

3. NAME OF DECEASED (Type or Print)

a. (First) HARRYb. (Middle) L.c. (Last) SPITZENBERG

4. DATE OF DEATH (Month) (Day) (Year)

1-2-53

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

NEVER MARRIED

8. DATE OF BIRTH

11-17-88

9. AGE (In years last birthday)

64

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)

EXPEDITER

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

JOSEPH L. SPITZENBERG

13b. MOTHER'S MAIDEN NAME

AGUSTA FUNKE

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YESWW-I

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mr Charles Spitzenberg, 4021 Grove Str.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

RETICULUM, CELL, SARCOMA

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

2000

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(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)

VA21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK VA

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13-52 to 1-2-53, and that death occurred at 10:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

H. T. KAMINSKAS M.D.

23b. ADDRESS

VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED

1-3-53

24a. BURIAL CREMATION (Specify)

BURIAL

24b. DATE

1-6-1953

24c. NAME OF CEMETERY OR CREMATORY

FRIEDENS CEMETERY

24d. LOCATION (City, town, or county) (State)

ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.

1-6-53

REGISTRAR'S SIGNATURE

Herbert R. Domb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Math Hermann & Son Inc. 2161 E. Fair Ave.

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 _____

Licensed Embalmer No. _____

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.