S. No. 300
v. 10-48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32381

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2175

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 72 6 Kingsland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 20 4006 0
d. STREET ADDRESS (If rural, give location): 726 Kingsland

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): SPIRTAS

4. DATE OF DEATH (Month) (Day) (Year): Sept.13,1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marr.
8. DATE OF BIRTH: Dec.20,1900
9. AGE (In years last birthday): 53 — 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): Scrap metals
10b. KIND OF BUSINESS OR INDUSTRY: Metal
11. BIRTHPLACE (City and State or Foreign Country): ST.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Abraham Spirtas
13b. MOTHER'S MAIDEN NAME: Rose unk.
14. NAME OF HUSBAND OR WIFE: Gussie

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.: Unk.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs.Gussie Spirtas 726 Kingsland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/24, 1945, *to* 9/13, 1954, *that I last saw the deceased alive on* 9/13, 1954, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X J Havee M.D.
23b. ADDRESS: 465 Maryland
23c. DATE SIGNED: 9/14

24a. BURIAL, CREMATION, REMOVAL (Specify): Bur.
24b. DATE: 9/15/54
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State): University City Mo.

DATE REC'D BY LOCAL REG.: 9/14/54
REGISTRAR'S SIGNATURE: Herbert Somke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Berger Memorial 4715 MCPherson

(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 Lawrence J Dunne

Licensed Embalmer No. 3988

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.