FILED MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

12750
Do not use this space.

Registered No. 3092

1. PLACE OF DEATH

(a) County 2
(b) Township 1
Registration District No.
Primary Registration District No.
(c) City St. Louis (d) Street No. 1810 Arsenal St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles F. Speicher

(a) Residence, No. 1810 Arsenal St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Speicher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stove Molder
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME John Speicher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Amelia Speicher (ADDRESS) 1810 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marys DATE 4-3 1939

19. FUNERAL DIRECTOR (NAME) Watt Bros. & Nelo (ADDRESS) 2929 S. Jefferson Av.

20. FILED APR 2 1939 J. F. Budesch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1939, to 3-31, 1939
I last saw him alive on 3-30 1939. Death is said to have occurred on the date stated above, at 2:45 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Mouth & Face. Primary seat skin inside of left cheek.

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bernard Cloud, M. D.
(Address) 3522 Osage, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14025

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, Paul A. Shankler, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shankler

Licensed Embalmer No. 3472

P. O. Address 9939 S. Jeff.

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, above space should be left blank.