

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. **12 1943 791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **2114 Chippewa Street.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles W. Speitel, Sr.**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Elizabeth Speitel** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **July 9th, 1865.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>7</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber** **6**

11. Industry or business \_\_\_\_\_ **6**

12. Name **?** **Unknown** **6**

13. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Elizabeth Speitel**

(b) Address **2114 Chippewa Street.**

17. (a) **Burial** (b) Date thereof **Feb. 24th, 40.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Cemetery.**

18. (a) Signature of funeral director **Eugenheim Bros.**

(b) Address **2823 Cherokee Street.**

19. **FEB 24 1940** (b) **J.P. Beach**  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **Saint Louis.**  
(If outside city or town limits, write "RURAL") **24**  
 (d) Street No. **2114 Chippewa Street.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21st.**  
 year **1940.** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from **12-23-1938**, to **2-21-1940**;  
 that I last saw him alive on **2-20-1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **?**  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **MI**  
(Include pregnancy within 3 months of death)

Major findings: **MI**  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **J.P. Beach** (M. D. or other) **MD**

Address **3616 S. Burdy** Date signed **2-24-40**

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

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**