

FILED MAY 8 1940
 Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **734**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 60 yrs.

8. (a) PRINT FULL NAME Minnie Speckert **126**

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Speckert 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 8 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>5</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation nil.

11. Industry or business

MOTHER FATHER { 12. Name Andrew Foster

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

14. Maiden name Minnie Reid

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

16. (a) Informant Mrs. Smallwood

(b) Address 7446 Oakland

17. (a) Burial (b) Date thereof 4-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Church

18. (a) Signature of funeral director Lucas

(b) Address St. Louis Mo

19. (a) 4-15-40 (b) R. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
 (d) Street No. 7446 Oakland
(If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
 year 1940 hour 4 minute :05 P.M.

21. I hereby certify that I attended the deceased from 4-9-40
 to 4-13-40, 1940

that I last saw her alive on 4-13-40, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration

Due to myocardial insufficiency 2 mos

Due to arteriosclerosis years

Other conditions
(Include pregnancy within 8 months of death)

Major findings: 9382 PHYSICIAN
 Of operations

Of autopsy Underline the cause to which death should be charged statistically.

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 Ben Parsonette (M. D. or other) 1

Address St. Louis Co Hospital Date signed 4-15-40

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

76
2
2

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 Raymond H. Boyer

Licensed Embalmer No. 3042

P. O. Address Clayton

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.