

2-40
-39
K2315

Registration District No. 7911

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3507 Miami St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Marie Specht

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 19, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Henry Specht

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

14. Maiden name Barbara Farber

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

16. (a) Informant Henry Specht

(b) Address 3507 Miami St.

17. (a) Burial (b) Date thereof 2/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderte

(b) Address 2331 S. Broadway

19. (a) Feb 18 1941 (b) J. W. Bredeck
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")
(d) Street No. 3507 Miami St. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 1 minute 30a. M.

21. I hereby certify that I attended the deceased from July 17, 1940, to Feb 18, 1941;
that I last saw her alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinomatous (Pulmonary) Primary Rt Breast
Due to Carcinoma

Duration

2 mo

8 mo

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations operated July 23 1940

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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Henry Thym (M. D. or other) MD
Address 508 N Grand Blvd Date signed Feb 18

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

MOTHER FATHER

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.....

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.