DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG - 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23054

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5406

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 2023 Destrehan St (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2023 Destrehan Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 85 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 2023 Destrehan St. St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2023 Destrehan St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 85 years.

3. (a) PRINT FULL NAME Henrietta Speckmeyer

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gottlieb Speckmeyer

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug. (Month) 18 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	11	hr. min.

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

10. Usual occupation Housework

11. Industry or business None

FATHER 12. Name Gottlieb Schlingmann

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

MOTHER 14. Maiden name Unknwon

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

16. (a) Informant Fred J. Speckmeyer

(b) Address 2023 Destrehan Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Chas. Dreyer & Sons

(b) Address 3934 Page Blvd.

19. (a) JUL 1 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1941 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from May 23, 1939 to June 28, 1941 that I last saw her alive on June 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation — Duration 5 days

Due to Chronic myocarditis degeneration

Due to Arteriosclerotic Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: N. C. Of autopsy: N. C.

PHYSICIAN — 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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3911 Lee Date signed 6/30/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.