S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9251

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2374

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: City Hosp #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 096

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 128 East Etta St. (If rural, give location)

(e) Citizen of foreign country? NR (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Justine Speck

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Peter Speck

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

7. Birth date of deceased May (Month) 18 (Day) 1856 (Year)

8. AGE: Years 85 Months 9 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Frederick Plassmann
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs J. E. Scamell

(b) Address 5617 Lillian Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 16 1942 (Date received local registrar) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1942 hour 1:00 minute 9 M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19.... and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion. Chronic Myocarditis with Multiple old Infarcts in a fire. Origin unknown

Due to the Brantwood Nursing home Located at 128 E. Etta ave Lemay Mo.

Due to about 10:00 PM 3/2/42

Damage unestimated

Other conditions (Include pregnancy within 3 months of death) 180

Major findings: Of operations .....

Of autopsy 15

Duration

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) Accident 096

(b) Date of occurrence 3/2/42

(c) Where did injury occur? Lemay (City or town) St Louis Co (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury .....

23. Signature Fred Perry (M. D. or other)

Address Lipsuf Florence Date signed 3/15/42

(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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

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