S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943
THEN APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8813

Registration District No. 8318 Primary Registration District No. 1003 Registrar's No. 2885

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 810 Clarkson Pl.
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Curley Speiginer Jr

3. (b) If veteran, name war — — — — —

3. (c) Social Security No. — — — — —

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife — — — — —

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

7. Birth date of deceased Jan (Month) 29 (Day) 1900 (Year)

8. AGE: Years 43 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Saul Brown
13. Birthplace Alexander (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Lula Lamb
15. Birthplace Nash (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Earl Brown
(b) Address 810 Clarkston Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 S Todd 2nd St.

19. (a) MAR 26 1943 (Date received by local registrar) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24, year 1943 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 21, 1943 to March 24, 1943; that I last saw him alive on March 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 S. E. Smith (M. D. or other)

Address Normandy Date signed 3/24/43

(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~~ L Bay

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

Signed Lonnie Baybin

Licensed Embalmer No. 294

P. O. Address St Louis Mo

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.