

#34637
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944
Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32854
State File No. _____
Registrar's No. 9328

Primary Registration District No. 1023

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4421 Arco Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Specht
3. (b) If veteran, name war No
3. (c) Social Security No. 328 03 2166

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 1st
year 1944 hour 7 minute 25 P. M.
21. I hereby certify that I attended the deceased from 10/6/44
to Nov. 1st 1944
that I last saw him alive on Nov. 1st 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sue Specht 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb 9 1888
(Month) (Day) (Year)

Immediate cause of death Hypertension C.V. disease.
Duration _____
Due to _____
Due to _____

8. AGE: Years 56 Months 8 Days 22 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy refused.
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? _____

9. Birthplace Treton Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Stationery Engineer
11. Industry or business Falstaff Brew Co

MOTHER FATHER { 12. Name Leo Specht
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Eck
15. Birthplace France
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sue Specht
(b) Address 4545 Arco Ave
17. (a) Burial (b) Date thereof 11 4 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address \$228 So. Kings Highway
19. (a) NOV 2 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature M. D. Lutz (M.D.)
Address 1515 Lafayette Date signed 11/27/44

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..... *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

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.