

FILED OCT 11 1945
Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 20

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

1. PLACE OF DEATH: **Gasconade**

(a) County **Gasconade**

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

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade 37**

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edna Lillian Speckhals**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Theo. Speckhals** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Jan. 6 1898**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24**
year **1945** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1945** to **Sept. 24 1945**
that I last saw her alive on **Sept. 24 1945**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	47	8	18	hr. _____ min. _____

Immediate cause of death **Valvular Heart Disease** Duration _____

Due to _____

Due to _____

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

10. Usual occupation **Housewife**

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.

11. Industry or business _____

12. Name **Chas. Bentz**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Schneider**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theo. Speckhals**
(b) Address **Hermann, Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **9/27/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann, Mo.**

(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? _____

18. (a) Signature of funeral director **[Signature]**
(b) Address **Hermann, Mo.**

19. (a) **9/24/45** (b) **Orlando A. Mendenhall**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury **E**

23. Signature **Howard Workman** (M. D. or other) _____
Address **Hermann, Mo.** Date signed **9-26-45**

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 10-10-45

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 me

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

Signed [Signature]

Licensed Embalmer No. 2044

P. O. Address [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.