

U.S. No. 2
FORM-2-43
Rev. 5-17-39

32393

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 25 1945
318

Registrar's No. 8924

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1497 Rowan Avenue.
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1497 Rowan Avenue.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold E. Specker.

3. (b) If veteran, name was None
3. (c) Social Security No. 307-03-4625

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

6. (b) Name of husband or wife Cleo Specker.
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May - 19 - 1898.
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|-----------|------|----------------------|
| <u>47</u> | <u>7</u> | <u>24</u> | | hr. min. |

9. Birthplace St. Elmo, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture repair man

11. Industry or business _____

12. Name William Specker.

13. Birthplace Frina, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Isa Johnson.

15. Birthplace dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cleo Specker.

(b) Address 1497 Rowan Avenue

17. (a) ~~Place of removal~~ (b) Date thereof 10-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elmo, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) OCT 16 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th.
year 1945 hour 4 minute 41 A.M. M.

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

Immediate cause of death
Chronic Endocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other) _____
Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.