

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4882

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(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)

3. (a) PRINT FULL NAME Robert Joseph Speidel

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Francis Donovan 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 5 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 19 If less than one day
hr. min.

9. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Railroad

12. Name Francis E. Speidel

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

14. Maiden name Victoria Baur

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

16. (a) Informant Francis Speidel

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 31 1946 (b) J. F. Bredecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 6 NR
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 16, 1946, to May 24, 1946;
that I last saw him alive on May 24, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma of Right Lung Duration
Due to H7

Due to _____

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

Major findings: Bronchogenic Carcinoma of Right Lung PHYSICIAN
Of operations Right Lung
Of autopsy _____
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 Robert H. Hoppe (M.D. or other)
Address 4700 Washington Blvd. Date signed 5-31-46

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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 Elmer R. Padwell

Licensed Embalmer No. 4007

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.