

FILED MAR 2 B 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 608

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
324 Tacoma Drive  
(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 St. Louis

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

(d) Street No. 324 Tacoma Drive  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles W. Speck

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-18-0456

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1947 hour 9 minute 50 P.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: April 8th, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1947, to 3-14, 1947.  
that I last saw him alive on 3-14, 1947,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62	11	6	_____ hr. _____ min.
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Immediate cause of death: Coronary Thrombosis

Due to: acute pharyngitis

Due to: Chr Myo carditis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

3h

2 da.

1 year

9. Birthplace: Tenn. /  
(City, town, or county) (State or foreign country)

10. Usual occupation: Locomotive Eng., Mo. Pac.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name: George Speck

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

14. Maiden name: Brown

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

16. (a) Informant: Marie Speck

(b) Address: 324 Tacoma, Lemay, Mo.

17. (a) burial (b) Date thereof: Mar. 17, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cemetery

18. (a) Signature of funeral director: Wacker - Heldeste K. & K. Co.

(b) Address: 3634 Gravois, St. Louis, Mo.

19. (a) 3-18-47 (b) Richard Allen  
(Date received local registrar) (Registrar's signature)

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? 0

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature: Eugene A. Vogel (M. D. or other) M. D.  
Address: 3325 1/2 Grand Date signed: 3-15-47

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

76  
3

APR 9 1947

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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.....

*Frank J. Maud.*

Licensed Embalmer No. ....

*2645*

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.**