

S. No. 2
1-12-45
7-5-17-39
W I X47070

FILED JUN 23 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1229

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/29/47 to 6/13/47
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Olive St. Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES Speede

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 W
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive Wed years
7. Birth date of deceased Jan. 26 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Michael Hoffmann

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

14. Maiden name Mary Groffeter

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

16. (a) Informant Mahek Rosenfelder

(b) Address 8212 Buchanan Vista Park

17. (a) Burial (b) Date thereof 6-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Guerrino Spode

(b) Address 2504 Woodson Rd. Overland Mo.

19. (a) 6-19-47 (b) Beulah Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 6:25 minute A M.

21. I hereby certify that I attended the deceased from May 29
1947, to June 10, 1947
that I last saw her alive on June 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chs. Myocarditis
Due to 93d
Due to _____

Other conditions extremely large apparent
(Include pregnancy within 3 months of death)
cystic tumor of abdomen. Type undetermined
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)
(e) Means of injury _____

23. Signature Ch Deirney (M. D. or other) MD
Address Creve Coeur, Mo Date signed 6-13-47

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 Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland, Mo.

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.