

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25322

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6242

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) 20 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

21-29

d. FULL NAME OF HOSPITAL OR INSTITUTION 4961 Laclede

d. STREET ADDRESS 4961 Laclede

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) _____
c. (Last) Speck

4. DATE OF DEATH (Month) (Day) (Year)
July 9, 1951

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Dec 3, 1870

9. AGE (In years last birthday) 80
UNDER 1 YEAR: Months _____ Days _____
UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Speck

13b. MOTHER'S MAIDEN NAME Anna

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bertha Kroeger 530 Union

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease for 4 yrs.
ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 years
20 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H. 200

22. I hereby certify that I attended the deceased from 1944 19, to July 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 7/9/51, from the causes and on the date stated above.

23a. SIGNATURE David M. Skilling, Jr. (Degree or title) M.D.

23b. ADDRESS Lister Bldg. 4500 Olive St.

23c. DATE SIGNED 7-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation

24b. DATE 7/13/51

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY REG. JUL 13 1951 REGISTRAR'S SIGNATURE J. O. Luster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Ziegenhein & Sons 7027 Gravois

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Graves

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.