

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6845

State File No. ....  
Registrar's No. .... 1263

FILED MAR 4 1954  
BIRTH NO. 88015-53 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>48 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Washington</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1412 E. Third</u> <u>0362</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Barbara</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Speckhals</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2 - 8 - 54</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12-23-53</u>
<b>9. AGE</b> (In years last birthday) <u>1</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Washington - Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Delmar G. Speckhals</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Doris Marie Rekte</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>8 Johnston 500 S. Kingshighway</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>M. yelo meningococci</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>E. coli meningitis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>3402</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>12-23</u> , <u>1953</u> , to <u>2-8</u> , <u>1954</u> , that I last saw the deceased alive on <u>2-8</u> , <u>1954</u> , and that death occurred at <u>1:35 p. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>W. G. Klingberg MD</u>		<b>23b. ADDRESS</b> <u>500 S. Kingshighway</u>	<b>23c. DATE SIGNED</b> <u>2-8-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-10-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Peter's Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Washington Mo</u>
<b>25. DATE REC'D BY LOCAL REG.</b> <u>FEB 9 1954</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith MD</u>		<b>27. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Thebury &amp; Vellie Washington Mo</u>

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Jerome G. Svoboda*

Licensed Embalmer No. *4579*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.