

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1817

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u> ^{#40}	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>7422 Hoover</u>		e. STREET ADDRESS (If rural, give location) <u>7422 Hoover</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILIP</u> b. (Middle) <u>H</u> c. (Last) <u>SPECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1954</u>
---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 27 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis State Hosp</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Henry Speck</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Thuel</u>	14. NAME OF HUSBAND OR WIFE <u>Helen C Speck</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>Yes WW #1</u>	16. SOCIAL SECURITY NO. <u>498 18 8586</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen C Speck 7422 Hoover</u>
---	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 yrs</u> <u>2 yrs.</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic cor pulmonale and</u>	DUE TO (b) <u>Pulmonary fibrosis and</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Emphysema, pulmonary</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1954, to 7-24, 1954, that I last saw the deceased alive on 7-22, 1954, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>John A. Waackel MD</u>	23b. ADDRESS <u>110 So. Central</u>	23c. DATE SIGNED <u>7/26/54</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Cty Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7/26/54</u>	REGISTRAR'S SIGNATURE <u>Heather B. Samborski</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schnur 3125 Lafayette</u>
---	---	---

✓ 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.....
Joseph Dollman

Licensed Embalmer No. 14014
P. O. Address 3125 L...

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.