

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6530

State File No. 1742

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>247 2839<sup>9</sup> S. Jefferson</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>247 2839<sup>9</sup> S. Jefferson</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>William</b>		c. (Last) <b>Spieckerman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 22 1955</b>		5. SEX <b>Male</b>			
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Oct. 31 1882</b>	
9. AGE (in years last birthday) <b>72</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beer Bottler Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Conheuser-Busch</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Herman Spieckerman</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Stark</b>		14. NAME OF HUSBAND OR WIFE <b>May Spieckerman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	
16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn Heuser</b>		ADDRESS <b>2839 S. Jeff.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive CV Renal Disease 10 Yrs</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid ARTHRITIS - SUPRA PUBIC PROSTATECTOMY 10 YRS</b>		
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? <b>442X</b>	
22. I hereby certify that I attended the deceased from <b>1-25-50</b> , to <b>2-22-55</b> , 19____, that I last saw the deceased alive on <b>2-23-55</b> , 19____, and that death occurred at <b>8:15</b> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John J. Kennedy MD CM</b>			23b. ADDRESS <b>8733 RIVERVIEW St. Louis 21</b>		23c. DATE SIGNED <b>2-23-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-25-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		DATE REC'D BY LOCAL REG. <b>FEB 23 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>W. W. With Brooks</b>		ADDRESS <b>2929 S. Jefferson</b>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 3471

P. O. Address 2929 So Jefferson

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.