

Health, Welfare, Public Service  
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 Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC 223 41 17  
 ST 12136

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43922

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 11696

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St Louis 6, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL			Length of stay in lb 17 Days		d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) THEODORE			First Middle Last A SPECKHALS		4. DATE OF DEATH 12/20/56 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/10/92		9. AGE (In years last birthday) 64 yrs. IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Hermann, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Speckhals				14. MOTHER'S MAIDEN NAME Mary M. Fitzsinger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 489-09-5003		17. INFORMANT VA HOSPITAL RECORDS ST. LOUIS 6 MO. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFARCTION OF MYOCARDIUM INTERVAL BETWEEN ONSET AND DEATH UNKNOWN  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS UNKNOWN DUE TO (c) DIABETES MELLITUS 260x UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY STATE	
21. I attended the deceased from 12/3/56 to 12/20/56 and last saw <del>him</del> alive on 12/20/56 Death occurred at 1:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles Speckhals (Degree or title)				22b. ADDRESS M.D. VAH, St. Louis 6, Missouri		22c. DATE SIGNED 12/20/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-21-56	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Hermann, Mo. (State)		
24. FUNERAL DIRECTOR Ruediger Funeral Home, Hermann, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. DEC 21 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith MO		

100:

**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 *Olma R. Sadwell*.....

Licensed Embalmer No. *4*.....

P. O. Address *Sp. Lo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.