

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11234

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 3, 1868 9. AGE (In years last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Pensioner 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Specht 13b. MOTHER'S MAIDEN NAME L. Casseau 14. NAME OF HUSBAND OR WIFE Catherine Specht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. 490-14-9056A 17. INFORMANT'S SIGNATURE OR NAME Catherine Specht ADDRESS 4522 Emerson Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH many yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis many yrs.

DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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?

22. I hereby certify that I attended the deceased from 11/19/57, 19\_\_, to 11/24/57, 19\_\_, that I last saw the deceased alive on 11/24/57, 19\_\_, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE M. McCreveny M.D. (Degree or title) 23b. ADDRESS 4400 N. Natural Bridge 23c. DATE SIGNED 11/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-27-57 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. NOV 26 57 REGISTRAR'S SIGNATURE J. Carl Smith MO 25. FUNERAL DIRECTOR'S SIGNATURE JOHN STYGAR & SON = 5341 RIVERVIEW BLVD.

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*J. P. Risher*

Licensed Embalmer No. *3980*

P. O. Address *St. Louis*

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.