

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027462

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7436

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.			b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN St. Louis					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1.			Length of stay in lb 9			d. STREET ADDRESS (If outside, give location) 229 1313 Dolman St.					
3. NAME OF DECEASED (Type or print) First Middle Last GARRIE SPECKHALS			4. DATE OF DEATH Month Day Year JULY 28, 1958								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6/8/1880		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Berger Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Louis Passmann				13b. MOTHER'S MAIDEN NAME Elizabeth ?				14. NAME OF HUSBAND OR WIFE Theodore Speckhals			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT Address Theodore Speckhals 1313 Dolman St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i>									INTERVAL BETWEEN ONSET AND DEATH <i>unk.</i>		
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Coronary arteriosclerosis with</i>									<i>unk.</i>		
DUE TO (c) <i>coronary thrombosis.</i>									420.1		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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			COUNTY		STATE
21. I attended the deceased from <i>7/27/58 (8:50A.M.)</i> to <i>7/28/58</i> and last saw her alive on <i>7/28/58</i>			Death occurred at <i>4:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Jean A. Chapman, M.D.</i>			22b. ADDRESS 1515 LAFAYETTE AVE			22c. DATE SIGNED 7/29/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 7/31/58			23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
24. FUNERAL DIRECTOR Moynell Funeral Home 1926 Allen			25. DATE RECD. BY LOCAL REG. JUL 30 58			26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>					

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Unpublished

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

Student Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.