JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6485

-60-024996
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS Mo
Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ALEXIAN BROS. Hosp.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY

c. CITY OR TOWN: ST. LOUIS
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 900 BARTON
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle L. Last SPEISER

4. DATE OF DEATH: Month JUNE Day 24 Year 1960

5. SEX: MAle

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: APR. 20 1900

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAVERN OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOSEPH SPEISER

13b. MOTHER'S MAIDEN NAME: KATHERINE KRAUS

14. NAME OF HUSBAND OR WIFE: BERTHA SPEISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 486-38-7685

17. INFORMANT: BERTHA SPEISER Address: 900 BARTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) (1) Arteriosclerotic heart dis. — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO (b) (2) Diabetes Mellitus — 5 yrs.

DUE TO (c) (3) Arteriosclerotic narrowing of leg vessels — 2 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan. 1955 to and last saw her/him alive on 6/24/60

Death occurred at 8 45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph Bergmann

22b. ADDRESS: 32038 Grand

22c. DATE SIGNED: 6/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JUNE 27 1960

23c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY

23d. LOCATION (City, town, or county) (State): NEW BADEN, ILL

24. FUNERAL DIRECTOR ADDRESS: Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: JUN 27 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. MJB ✓

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

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