

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
 Length of stay-in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4748 Westminister**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis**
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4748 Westminister**
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First **Hudie** Middle **DeWitt** Last **Speight**
 4. DATE OF DEATH
 Month **12** Day **8** Year **1960**

5. SEX **Male**
 6. COLOR OR RACE **Negro**
 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH **4-6-1930**
 9. AGE (last birthday) **30**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months **7** Days **29** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**
 10b. KIND OF BUSINESS OR INDUSTRY **None**
 11. BIRTHPLACE (City and state or country) **Missouri**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Hudie Speight**
 13b. MOTHER'S MAIDEN NAME **Mae Bird Carter**
 14. NAME OF HUSBAND OR WIFE **None**

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. **?**
 17. INFORMANT **Mae Bird Smith**
 Address **4748 Westminister**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardiac Infarct**
 DUE TO (b) **Acute Coronary Occlusion**
 DUE TO (c) **4201**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH **1 Mo**
1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 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 **4/13/60** to **12/3/60** and last saw her/him alive on **12/3/1960**
 Death occurred at **945** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]**
 22b. ADDRESS **3186 Chouteau**
 22c. DATE SIGNED **12/5/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
 23b. DATE **12-10-60**
 23c. NAME OF CEMETERY OR CREMATORY **Washington Park**
 23d. LOCATION (City, town, or county) State **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Ellis Funeral Home, Inc. 2820 Stoddard St.**
 25. DATE RECD. BY LOCAL REG. **DEC 6 1960**
 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Culbert

Licensed Embalmer No. 1698

P. O. Address Shreveport, La.

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.