

NOV DEC 1 2 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37736
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2. Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City St. Louis (d) Street No. 5916 Marwinette St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10063

2. PRINT FULL NAME Elizabeth Speth

(a) Residence, No. 5916 Marwinette St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel E. Speth

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Nov 20, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 1861

I last saw h. 2 alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 3:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 12

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Angina Pectoris
Date of onset Oct, 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Other contributory causes of importance:
PK

FATHER 13. NAME John Kraft

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Millie Speth 5916 Marwinette

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Nov. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Schumacher 3013 Meramec St.

20. FILED NOV 21 1938 J. Bredeck Local Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Carl Klein, M. D.
(Address) 2632 S. Rungel Highway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
w

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,

Clarence Kochow

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address

3013 Meran

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.