. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20269

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5217

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2920 Shenandoah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")

(d) Street No. 2920 Shenandoah
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Clodius 1132

3. (b) If veteran, name war p---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles F.

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 6, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Kimmswick (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Peter Speck
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant A. E. Clodius
(b) Address 2920 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) (Date received, local registrar) JUN 15 1940 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1939, to June 14, 1940;
that I last saw her alive on June 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

1) Chronic myocarditis
Due to 2) arteriosclerosis.
3) aortic insufficiency
Due to chronic nephritis,

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Walter G. Kirchner M.D. (M. D. or other)
Address 508 N. Grand Blvd., Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Hyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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