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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40681

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10452

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis, Missouri (If outside city or town limits, write "RURAL" and name of township) 1

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

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 5

(d) Street No. 5948 Horton Place (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Miss Annabelle Speer

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 11 (Day) 1865 (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Rushville (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Housekeeper 1

11. Industry or business

MOTHER FATHER

12. Name William Speer 1

13. Birthplace (City, town, or county) Indiana (State or foreign country)

14. Maiden name Eliza Woodery

15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Bonner

(b) Address 6114 Waterman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew's Cemetery

18. (a) Signature of funeral director Edw. F. Howard & Sons

(b) Address 4212 St Louis Avenue

19. (a) DEC 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis from ruptured ulcer restoxymoid

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 5

23. Signature Alfred Perry (M. D. or other)

Address Deputy Avone Date signed 12/20/40

(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 Jos A Howard

Licensed Embalmer No. 4139.

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.