

S. No. 2
4-12-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41130
4811

State File No.

Registrar's No.

JAN 24 1942

Registration District No.

Primary Registration District No.

48
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p

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Louis Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-7-41
(Specify whether)

In this community 45 yrs 4
years, months or days

3. (a) PRINT FULL NAME Speake, Charles C

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 2, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 21

If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Chas. Speake

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

14. Maiden name Salie Berry

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

16. (a) Informant Frank Speake

(b) Address Amely road

17. (a) removal (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shellsburg, Iowa

18. (a) Signature of funeral director Frank A. Roe

(b) Address 15-47

19. (a) 12-25-41 (b) M. Merow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson ⁰⁴⁸

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

(d) Street No. 3200 Northside
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1941 hour 8:10 minute 0 M.

21. I hereby certify that I attended the deceased from 11-19-40
_____, 19____, to 12-23-41, 19____;

that I last saw him alive on 12-22-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis

Due to Cerebral Hemorrhage

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations g30

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. Merow (M. D. or other) _____

Address 3200 Northside Date signed 12-23-41

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.....

Harlyn Rose....., Registered Apprentice No.
working under my personal supervision.

Signed *Harlyn Rose*.....
Licensed Embalmer No. *2810*.....
P. O. Address *15 E ...*.....

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, fact should be so stated above.