S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16688

State File No.

Registration District No. 791 | 4 Primary Registration District No. 1003 Registrar's No. 4729

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5820 WATERMAN
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17 5

(c) City or town St. LOUIS 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5820 WATERMAN
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMMA L. SPEER

3. (b) If veteran, name war

3. (c) Social Security No. NIL

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife WILLIAM SPEER

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

7. Birth date of deceased JAN. (Month) 31 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	27	hr. min.

9. Birthplace (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name Wm H. CURTIS
13. Birthplace (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name PHOEBE VANGELINE
15. Birthplace (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant EDITH SPEER
(b) Address 5820 WATERMAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director EDITH AMBRUSTER
(b) Address 4234 MANCHESTER

19. (a) MAY 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28
year 1942 hour 10 PM minute M.

21. I hereby certify that I attended the deceased from 5-8-42
, 19 , to 5/28 , 19 ;
that I last saw her alive on 5/28-42 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to

Due to senile 93 C

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

23. Signature P B Cappel MD (M. D. or other)
Address 3284 Ivanhoe Date signed 5/29/42

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 Florence Eynck

Licensed Embalmer No. 1284

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, fact should be so stated above.