

FILED APR 12 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Normandy  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Immaculate Heart Convent - 5  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME Hortense B. Spiekermann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Edward Spiekermann 6. (c) Age of husband or wife if alive Deed. years

7. Birth date of deceased 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Brackett

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Margaret Busby

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mary LaCroix

(b) Address 7626 Natural Bridge Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Ind. Co.

(b) Address 3710 N. Grand Bl.

19. APR 6 1943 (Date received local registrar) (b) E. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy (If outside city or town limits, write "RURAL") 0

(d) Street No. 7626 Natural Bridge (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1943 hour 8:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Feb. 3, 1942, to March 3, 1943;

that I last saw her alive on March 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cardio-Vascular Renal Disease - Senile Type. Sec. Uremic Coma  
 Duration 2 mos.

Due to \_\_\_\_\_

Due to DR. LUKE B. TIERNON  
3718 JENNINGS ROAD

Other conditions ST. LOUIS, MO.  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None 3/10  
DR. LUKE B. TIERNON  
3718 JENNINGS ROAD

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) (2) Means of injury \_\_\_\_\_

23. Signature E. M. ... (M. D. or other) \_\_\_\_\_

Address 3718 Jennings Road Date signed 4-5-43

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

371 / 13

(10)

11551

APR 12 1943

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 me

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

Signed G. A. Smilthers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.