

19123

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 2 1943

Registration District No.

Primary Registration District No. 6076

Registrar's No. 1275

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8149 Gravois Ave.
(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:

(a) State Mo. (b) County 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4058a Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Specht

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 Married
6. (b) Name of husband or wife Theodore Specht 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. 20 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 8 hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Kelly

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Theodore Specht

(b) Address 4058a Castleman Ave.

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 1 1943 (b) C. J. McRae, M.D.
(Date received) (Local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 17
4-17 to May 28, 1943
that I last saw him/her alive on May 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Vagina and general weakness
Due to Leukemia

Due to Cardiac Hypertrophy
Discontinence of Kidney Bowls

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. J. Mersmith (M, D, or other) M.D.
Address 1259 W. Kings Highway Date signed 5-29-43

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

96
0
0

Dr. J. F. Williams 10.1
12-5-97 M. King Highmaster

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..... *Albert A. Thompson Jr*

Licensed Embalmer No. *4297*

P. O. Address *St. Louis*

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.