V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42518

FILED DEC 28 1945

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 2886

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2024 Wedgewood 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 S. Louis 96

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

(d) Street No. 2024 Wedgewood Ave. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Emma Spehr

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 widowed

6. (b) Name of husband or wife William C.

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

7. Birth date of deceased Sept (Month) 28 (Day) 1885 (Year)

8. AGE: Years 60 Months 2 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Phillip Basse
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Robert Steinmetz
(b) Address 2024 Wedgewood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 12-21-45 (Date received local registrar) (b) E.G. McGarrow M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1945 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 10.45, 19..., to Dec 19, 1945; that I last saw her alive on Dec. 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	24 hours
Due to Chronic Myocarditis with ostitis	1½ yrs
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature M E Stoehle (M. D. or other)

Address 7124 Natural Bridge Date signed 12/20/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Melvin Staehle, (Ev. 7117)
7124 Natural Bridge.
8 30 to 9 30
1 — 3
Call before going out

Mkt 3 314

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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.