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FILED APR 21 1947
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15666
Registrar's No. 3825

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
5406 Plover Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward F. Specker
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Specker nee Zeilmann
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased October 28, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 12 hr. min.

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

10. Usual occupation Clerk City of St. Louis

11. Industry or business Drivers Licenses

12. Name Edward Specker

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

14. Maiden name Victoria Kruey

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

16. (a) Informant Mrs Marie Specker

(b) Address 5406 Plover Ave

17. (a) Burial (b) Date thereof 4/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son Inc

(b) Address 2161 East Fair Ave

19. (a) APR 11 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5406 Plover Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1947 hour 3:25 PM minute _____ M.

21. I hereby certify that I attended the deceased from 12-23-46
19 _____, 19 April 9, 1947, 19 _____

that I last saw him alive on 4-9, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung, left
Duration 4 months

Due to _____

Due to _____

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 Ray Greenbaum (M. D. or other) _____
Address 634 1/2 Broad Date signed 4-11-47

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

MOTHER FATHER

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.