

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri.  
 (b) City or town St. Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 da  
 (Specify whether years, months or days) 60 yr

3. (a) PRINT FULL NAME WILLIAM SPECK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-12-7708

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m  
 6. (b) Name of husband or wife Himmie 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased Aug 10 1878  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Waiter

11. Industry or business Restaurant

12. Name William Speck

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

14. Maiden name \_\_\_\_\_

15. Birthplace W. Va  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Himmie Speck

(b) Address 4021 West Minster

17. (a) Burial (b) Date thereof 9-11-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director J. F. Muller Chapel  
 (b) Address 5041 Delmar

19. (c) JUN 10 1948 (b) J. F. Muller  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 19  
 (d) Street No. 4021 West Minster (If rural, give location) 9  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 9th, year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/27/48, 19\_\_\_\_, to June 9th, 19\_\_\_\_, 48  
 that I last saw h<sup>is</sup> im alive on June 9th, 19\_\_\_\_, 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma of the lung metastasize to the neck, chest and abdomen  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none  
 Of autopsy same

**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) Manner of injury \_\_\_\_\_

23. Signature W. Dalton (b) 1515 Lafayette 6/8/48  
 Address Date signed

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

MOTHER, FATHER

*Mud*

**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 *Ronald O. Yalunke*

Licensed Embalmer No. *3917*

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.**