

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10654

FILED APR 9 1951

2909

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3234 Liberty St.				d. STREET ADDRESS (If rural, give location) 3234 Liberty St.					
3. NAME OF DECEASED (Type or Print)			a. (First) Clara		b. (Middle) B.		c. (Last) Speer		
4. DATE OF DEATH		(Month) March		(Day) 27		(Year) 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 22, 1873			
9. AGE (In years last birthday) 78		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1 HR. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Genevieve, Missouri. D		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown: Graves			13b. MOTHER'S MAIDEN NAME Melzini Pulley			14. NAME OF HUSBAND OR WIFE Reinhold			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Eliz. Tillman					
				ADDRESS 3234 Liberty St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inoperable Carcinoma of the uterus					18 mo.		
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 17th					
22. I hereby certify that I attended the deceased from Oct. 17, 1949 , to Mar. 27, 1951 , that I last saw the deceased alive on Mar. 24, 1951 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Mrs. M. B. ... M.D.				23b. ADDRESS 3014 S. Jackson		23c. DATE SIGNED Mar. 27, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE March 31, 51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10180 Gravois Road			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 28 1951		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister					
				ADDRESS U. & L. Co. 7814 S. Broadway					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Linus C. Hoffmeister*

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.