

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2450

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. 23  
 Township Central Primary Registration District No. 6033 Registered No. 23  
 City Richmond (No. New St Marys Hospital) St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Collinsville Ill  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Lake

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 6 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 5 16

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marquette  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Mitchell Speiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Anna Frey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.

14. INFORMANT Schreppel and Co  
 (Address) Collinsville Ill

15. FILED 1-26-27 J. B. Schultz  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1927, to Jan 22, 1927, that I last saw him alive on Jan 22, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Labor Pneumonia

108 / 1220R / 010  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Enter. Colitis (conu)  
under 60 min (duration) \_\_\_\_\_ yrs. 9 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: St. Louis, Mo

DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Physical Exam  
 (Signed) R. D. Ryan, M. D.

\*State the DISEASE CAUSING DEATH, only if other than Venereal Cause - (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Cem. DATE OF BURIAL Jan 25 1927  
Collinsville Ill

20. UNDERTAKER Schreppel and Co ADDRESS Collinsville Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1927

28

No Pacific Coast  
No later than 5<sup>30</sup> P.M.

10