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.

23 1928

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

Do not use this space.

38101

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 374
City Richmond Hts. (No. 7716 Harter Ave St. Ward)

2. FULL NAME Jean C. Speed
(a) Residence. No. 7716 Harter Ave St., Ward.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — — — —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-1[illegible]-1922.
7. AGE Years 5. Months — Days 17. If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood Mo.

PARENTS
10. NAME OF FATHER Warren Speed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.
12. MAIDEN NAME OF MOTHER Della Dever
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

14. INFORMANT Warren Speed
(Address) 7716 Harter Ave.
15. FILED 12/31, 1927 J. B. Suddutt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-29- 1927
17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 8 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute vegetative endocarditis
Septicemia
916
36 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 88B (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Oliver Abel Jr, M. D
12/31, 1927 (Address) 3701 Westminster Pl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem. — DATE OF BURIAL Jan 1 1928
20. UNDERTAKER Wm Ambrusters Und Co 4234 Manchester — ADDRESS

O K Louis H Bopp Conn Stout & Mo