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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 70 25080
Township Central — Primary Registration District No. 4470 — Registered No.
City University City — No. 6271 Clemens St. — Ward)

2. FULL NAME Charles Speck
(a) Residence. No. 6271 Clemens 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Speck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 - 1885

7. AGE: Years 43 — Months — Days 1 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Bush-Beverage Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Charles Speck
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Marie Ehrler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT: Rose Speck
(Address) 6271 Clemens

15. FILED 7-11, 1928 William Bruns, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to July 9, 1928 that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of both sides of neck
53E 49
47B
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Involvement of lungs and all chest glands (duration) yrs. 6 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? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical + Lab.
(Signed) Luke B. Tiernan, M.D
July 10, 1928 (Address) 3718 Jennings Rd. Pine Lawn, Mo.

*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: S S Peter & Paul — DATE OF BURIAL: 7-12-1928

20. UNDERTAKER: Peetz Bros 3029 — ADDRESS: Lafayette

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.

2 - 4 pm