

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

Do not use this space.

41263

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 10-317
 City Creve Coeur (No. 353) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Oliver Road St. _____ Ward. Creve Coeur, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 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 Frances Speede

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 19-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur, Mo.

13. NAME John Speede

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur, Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Frances Speede, Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann Cemetery DATE 12-7-1933

19. UNDERTAKER (ADDRESS) Bayman Broome Overland, Mo.

20. FILED 12-5 1933 H. Baehner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1933, to Dec 4 1933

I last saw him alive on Nov 29 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

9:30 Myocarditis 3 mos.
11:30 Acute Gastritis 4 days

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. Baehner

(Address) 701 Michigan, St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 26 1934
 96

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