

FILED JUL 20 1945 STANDARD CERTIFICATE OF DEATH

State File No. 5980

Registration District No. 318 Primary Registration District No. 3003 Registrar's No.

1. PLACE OF DEATH:

(a) County...
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST MARY INFIRMARY 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LUCY SPEED

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHAS SPEED 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 18 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace FREELAND ARK. 11
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ornell M. Shaul

(b) Address 2718 Dickson St

17. (a) Burial (b) Date thereof 17-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, or cremation GREENWOOD CEM.

18. (a) Signature of funeral director A. F. Walter

(b) Address 2707 S. Toddland

19. (a) JUL 7 1945 (Date received local registry) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 21
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2718 DICKSON ST 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 45 hour 2 minute AA.M.

21. I hereby certify that I attended the deceased from June 23 1945 to June 30 1945
that I last saw her alive on June 29 1945
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death acute diffuse peritonitis
Due to _____

Due to Perforated appendix
Other conditions abscess formation
(Include pregnancy within 5 months of death)

Major findings: perforated appendix PHYSICIAN _____
Of operation acute peritonitis Underline _____
Of autopsy mesenteric cyst which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury 0

23. Signature Shaul (M. D. or other) _____
Address 822 Jefferson Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MOTHER FATHER

0069

0069

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 1154 Bay and

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.