

No. 2  
-1/47  
-17-39

**FILED JUN 13 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5359**

1. PLACE OF DEATH: **318**

(a) County.....

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Peoples Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community **10 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4406 West Belle Pl.**  
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME **Luella Spratley**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **December 31 1901**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**46** **4** **28** hr. min.

9. Birthplace **Eldorado Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Lewis A. Miller**

13. Birthplace **Vicksburg Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name **Della Bell**

15. Birthplace **Phoenix Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Miller**

(b) Address **4406 West Belle Pl.**

17. (a) **Removal** (b) Date thereof **5/31/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vicksburg Miss.**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **1416 North Taylor ave.**

19. (a) **MAY 30 1947** (b) **J. F. Brinded**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**  
year **1947** hour **1** minute **50** P.M.

21. I hereby certify that I attended the deceased from **March 29**, 19**47**, to **May 28**, 19**47**,  
that I last saw her alive on **May 27**, 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**

Due to **Cerebral Neoplasm, Malignant**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **5H**

Major findings: Of operations.....

Of autopsy.....

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?.....

What work?..... (Specify type of place)

23. Signature **W. A. Cloyd** (Specify type of place) (County) (State)

Address **11053 N. Taylor** Date signed **5-29-47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis Mo.

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.