

5. (No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18850

FILED JUN 2 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1319

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>70 Kirkwood</u>	
c. LENGTH OF STAY (in this place) <u>1. on Arr.</u>		d. STREET ADDRESS (If rural, give location) <u>354 S. Taylor Ave</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Spiller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Sept 9 1947</u>		9. AGE (In years last birthday) <u>2</u> <u>8</u> <u>13</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. Cloud Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Edward Spiller</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Gilley</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Spiller</u> ADDRESS <u>354 S Taylor Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral spastic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> <u>357X</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>795.5</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert K. Slonka</u> (Degree or title) <u>Local Registrar of Vital Statistics</u>		23b. ADDRESS <u>651 South Brentwood Boulevard</u>		23c. DATE SIGNED <u>5/23/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis. Mo.</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 23 1950</u>		FURNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u> ADDRESS <u>408 S. Fillmore Ave</u>	
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(Licensed Embalmer's Statement on Reverse Side)

KIRKWOOD 22. Mo.

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

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 _____

Student Embalmer No. Not Embalmed

working under my personal supervision.

Signed John M. Humphreys

Signed.....
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.