

S. No. 2  
1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 28 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16689**  
Registrar's No. **4348**

Registration District No. **791**

Primary Registration District No. **1003**

20  
17  
9

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

1. PLACE OF DEATH:

(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:  
B-1 4317A COZENS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 7 years, months or days (Specify whether)

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. 4317A COZENS (If rural, give location) 9 11  
(e) Citizen of foreign country? YES (Yes or No) 0  
If yes, name country United States of America

3. (a) PRINT FULL NAME

HATTIE MAE SPELLER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1942 hour 8:55 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive NO years  
7. Birth date of deceased 3 28 36  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Bronchopneumonia  
Primary

8. AGE: Years Months Days If less than one day  
6 1 17 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace St. Louis MO. O  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business None

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Speller

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

14. Maiden name Hattie Mae Clark

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

16. (a) Informant Vernie Speller

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? \_\_\_\_\_

(b) Address 4317 COZENS

While at work? \_\_\_\_\_ (Specify type of place) (a) Month of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 5 18 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bras Furness HMC

(b) Address 2214 Finney Ave

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

19. (a) MAY 18 1942 (b) F. Ruedike  
(Date received local registrar) (Registrar's signature)

Address \_\_\_\_\_ Date signed 5/13/42

**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 *Ronald V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

**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.**