

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Lula Spates

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced Sep.

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

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

7. Birth date of deceased: June 24 1906  
(Month) (Day) (Year)

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

<u>42</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____
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9. Birthplace TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Willis Murphy

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

14. Maiden name JAMES Nicholson

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

16. (a) Informant Mary Morrison

(b) Address 2327 La Salle

17. (a) Burial (b) Date thereof 8/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

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

(b) Address JUL 28 1948

19. (a) JUL 28 1948 (b) J. F. Bralock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2745 Clark  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1948 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 31, 1948, to July 26, 1948

that I last saw h. er alive on July 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pancreas - Carcinoma, head of  
Gall Bladder - Cholecystitis;  
Abdomen - Peritonitis; Peritoneal Cavity -  
xxx Hemoperitoneum; Gall Bladder -  
Stomach - Anastomosis

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

Other conditions Uterus - Multinodular Leiomyoma - Ovary - Cyst, right

Major findings: Abdominal Wall - Incision surgical, recent; Kidneys - Chronic Pylonephritis. Jaundice

Of autopsy Yes

PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury (.)

23. Signature Escos Daniel (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 7/28/48

**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.....

..... Garford H. Swan , Registered Apprentice No. 101  
working under my personal supervision.

Signed G. A. Green

: Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

**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. :**