

No. 300
10. 48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28692

Registrar's No. 7066

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) 16 hrs
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119
d. FULL NAME OF (If not in hospital or institution, give street address or location) Homer G. Phillips
11. STREET ADDRESS (If rural, give location) 4317 Cozens

3. NAME OF DECEASED a. (First) William b. (Middle) _____ c. (Last) Speller
4. DATE OF DEATH (Month) (Day) (Year) 8-18-50

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 7-4-1934 9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) scholar
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Charles Speller 13b. MOTHER'S MAIDEN NAME Willie May Clark 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie May Speller 4317 Cozens

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppurative Pericarditis
Antecedent Causes (b) Bronchopneumonia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. Acute glomerular Nephritis
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 590X

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 9:20 a.m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-23-50 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) St. Louis Mo

DATE REC'D BY LOCAL REG. AUG 21 1950 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manuel Und. Co. 4059 Finney

(Licensed Embalmer's Statement on Reverse Side)

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~~ by Student
at College of Mortuary Science, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.