

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10656**  
**2973**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis mo</b> TOWN		c. LENGTH OF STAY (In this place) <b>no</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis 2279</b> TOWN		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		e. STREET ADDRESS <b>320 So Jefferson Ave</b>		f. (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>MAMIE</b>		a. (First)		b. (Middle)		c. (Last) <b>Spell</b>	
4. DATE OF DEATH <b>March 28 1951</b>		5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept 15, 1901</b>		9. AGE (In years last birthday) <b>49 6 13</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		11. BIRTHPLACE (State or foreign country) <b>Miss. /</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Miss. /</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Clay Bibbs</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Archer Spell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>*93.20.4854</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Archer Spell</b>		ADDRESS <b>320 So. Jefferson</b>	
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) <b>Carcinoma of the Cervix</b>  ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> DUE TO (c)  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>171X</b>			
22. I hereby certify that I attended the deceased from <b>3-18</b> , 19 <b>51</b> , to <b>3-28</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3-28</b> , 19 <b>51</b> and that death occurred at <b>10:45P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. A. Smiley</b>		23b. ADDRESS <b>M. D. 2601 N Whittier St</b>		23c. DATE SIGNED <b>3-29-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4-3-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 30 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Shuster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ATKINS Bro. Indca.</b>		ADDRESS <b>3644 Finney</b>	

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

*1911/12/13*

*2842*

**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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Fairway*

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.