

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10510

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 790
Primary Registration District No. 6033
(No. 1605 Railroad Ave)

File No. _____
Registered No. 21
St. _____ Ward)

2. FULL NAME

Augustus P. Spencer

(a) Residence. No. 1605 Railroad Ave, St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>A</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed Julia Spencer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 9 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>4</u>	<u>13</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Retired Farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>				
PARENTS	10. NAME OF FATHER <u>Louis Spencer</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
14. INFORMANT (Address)	<u>Joseph C. Spencer 1605 Railroad Ave</u>			
15. FILED	<u>3/23 1928</u>	<u>J. B. Sudduth</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1928

17. I HEREBY CERTIFY, That I attended deceased from March 21 1928, to March 22 1928, and that I last saw him alive on March 22 1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Mitral Stenosis
Hypertension

CONTRIBUTORY (SECONDARY)
92E 90D (duration) - yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

8. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chamber symptoms
(Signed) B. F. Knowles, M. D.
3-25 1928 (Address) 2820 Grand Central Ave
Manchester, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Livingston Ill **DATE OF BURIAL** 3/26 1928

UNDERTAKER W. J. B. Sudduth
Manchester - 7146

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

490
1928

8870 - Manchester