

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

Do not use this space.

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2052
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1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No.....
City St. Louis (No. 1 Concrete City Hosp St. 2 Ward)

2. FULL NAME

Spencer Helts (Col.)
(a) Residence. No. 2112 Franklin St., 21 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE (Col.)
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

16. DATE OF DEATH, (MONTH, DAY AND YEAR) Jan. 9 1930
17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS: H.A.G.
Haemorrhage due to Rupture of Artery on of Thoracic Aorta (duration)..... yrs..... mos..... ds.
CONTRIBUTORY (Non Traumatic) (SECONDARY) (duration)..... yrs..... mos..... ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,.....hrs. or.....min.
ab. 50

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Labourer ⁹⁶ ₁₀₂
(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd jobs
(c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

9. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER..... Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY).....
12. MAIDEN NAME OF MOTHER..... Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY).....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. W. Kerne M.D.
2/4/30 (Address) Dep. Corner
*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.

14. INFORMANT..... J. W. Kerne
(Address) Coronet Court

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... Dorchester
DATE OF BURIAL..... 2-14-1930
20. UNDERTAKER..... Pinchie Tony
ADDRESS..... 3129 Duane

15. FILED..... 19.....
Wm C Stanley REGISTRAR

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.

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