

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033 B
 City Overland (No. 9632 Jackson ave.) Registered No. 189 St. Ward)

21762

2. FULL NAME

Frank S. Spencer
 (a) Residence, No. 9632 Jackson 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
68 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Election Comm.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

13. NAME Wm. H. Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John Lindays Woodson Jackson ave

18. BURIAL, CREMATION, OR REMOVAL PLACE The Ice Cave DATE 7-3-1937

19. UNDERTAKER (ADDRESS) Baumann Bros Inc Overland mo

20. FILED 7-2-37 W. A. Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1937

22. I HEREBY CERTIFY, that I attended deceased from May 4 1937 to June 30 1937

I last saw him alive on June 30 1937. Death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia Date of onset June 27 1937

17 yr old
137 174-61

Other contributory causes of importance:

Nephrosis
Edema of liver
Hypertrophy of prostate

(Name of operation) Biopsy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Norman J. Becker, M. D.

(Address) 962 Jackson Rd

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.

AUG 21 1937

WRITE PLAINLY, WITH UNFADING INK. THIS IS AN EMPLOYMENT RECORD

