

FEB 24 1936

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

Do not use this space.

4028

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Rose Hosp

Registration District No. 1123
Primary Registration District No. 6248 E

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Grace Spencer

(a) Residence, No. 7718 Carondelet St., Ward. _____

(If nonresident, give city or town and State)
Clayton Mo.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Spencer.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 1905</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>6</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Tomas J. Kinder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mabel Brooks

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

17. INFORMANT Clarence Spencer
(ADDRESS) 7718 Carondelet

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Cem. DATE Jan 28 1936

19. UNDERTAKER Louis H. Bopps
(ADDRESS) Parkwood Ave

20. FILED Jan. 25 1936 A. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11 1935 to 1/24 1936

I last saw him alive on 1/24 1936 Death is said

to have occurred on the date stated above, at 5 P m.

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

Pulmonary tuberculosis Date of onset Aug 1935

Other contributory causes of importance:
Tuberculous meningitis Nov 1935
asthenia

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) John P. Weine, M. D.
(Address) 9101 So Broadway

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.

