

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.

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

Do not use this space.

JUL 14 1936

791  
1008

24458

6075

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St. Louis (No. 3309), Lucas St. .... Ward)

2. FULL NAME Sarah Spencer

(a) Residence, No. 3309 Lucas St. 21 Ward. (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 69

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Arkansas

FATHER  
13. NAME Jack Reinhart

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Arkansas

MOTHER  
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT Annie Nacl (ADDRESS) 3309 Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 6/14 1936

19. UNDERTAKER O. W. Roberts (ADDRESS) 3035 Lucas Ave.

20. JUN 13 1936 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1934 to June 9 1936

I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

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

Cerebral Hemorrhage  
Myocarditis  
Coronary Sclerosis  
Hypertension

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) J. E. Moore, M. D.  
(Address) 809 E. Jefferson

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