

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis, Mo. (No. ....)

Registration District No. ....  
Primary Registration District No. ....

791  
1003

City Hospital No. 2

File No. ....  
Registered No. 18340  
St. .... Ward) 4916

2. FULL NAME Alvin Spencer

(a) Residence, No. 1527a Carr St. St. 25 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 7, 1875</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>common</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) <u>Tenn.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Ruby Perdeau</u> (ADDRESS) <u>2945 Lawton Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hawthorne Cemetery</u> DATE <u>May 15 1937</u>		
19. UNDERTAKER <u>Hubert J. Dales</u> (ADDRESS) <u>5054 St. Louis Ave.</u>		
20. FILED <u>MAY 14 1937</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10- 1937, to 5-12- 1937.  
I last saw him alive on 5-12- 1937. Death is said to have occurred on the date stated above, at 4:15P.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Softening due to Arteriosclerosis Date of onset 3-10-37

Other contributory causes of importance: 97  
None

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? .....  
If so, specify ..... (Signed) A. L. Levine M. D.  
(Address) 2945 Lawton Ave.

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.

243 23

501

