AUG - 5 1937

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

Do not use this space.

791
1003

25740
6914

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 25740

Township ..... Primary Registration District No. 1003 ..... Registered No. 6914

City St. Louis, (No. Central Hospital. St. ..... Ward)

2. FULL NAME Ruth Jane Spencer;

(a) Residence, No. 1309 Waldron Ave. St., N R Ward. University City, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1896.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	1	20	

OCCUPATION

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

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) St. Louis, Missouri.

FATHER

13. NAME William A. Goodwin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tarentun, Pennsylvania

MOTHER

15. MAIDEN NAME Mary E. Ferguson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley, Illinois.

17. INFORMANT (ADDRESS) Mr. Edward H. Spencer 1309 Waldron Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Lebanon Cem. DATE July 21, 1937

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5946 Easton Ave.

20. FILED JUL 20 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937, to July 18, 1937. I last saw her alive on July 18, 1937. Death is said to have occurred on the date stated above, at 4 a m.

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

	Date of onset
Lobar Pneumonia	7/16/37

Other contributory causes of importance: Carcinoma of Colon (Certificate)

Name of operation Colostomy Date of 7/9/37

What test confirmed diagnosis? Clinical Was there an autopsy?

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 D. Hayward, M. D.

(Address) Metropolitan Bldg

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.

Metropolitan Bldg.