

NOV 23 1937

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

38785

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis,
(b) Township Normandy
(c) City Overland
(e) Length of residence in city or town where death occurred

Registration District No. 789
Primary Registration District No. 6033C
(d) Street No. 8425 Ann Ave.

Registered No. 292

(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME Ansel T. Spence.

(a) Residence, No. 8425 Ann Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Appraiser.
9. Industry or business in which work was done, as saw mill, bank, etc. Scruggs Vanderbilt
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) New York.

13. NAME Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

15. MAIDEN NAME Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT (ADDRESS) Mrs. Meta Spence

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE October 28, 1937

19. FUNERAL DIRECTOR (ADDRESS) Geo. F. Pleitach Inc.

20. FILED 10-26-37 W. Bachner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 2.30 P.M.

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

Coronary Occlusion.

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? medical history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? History 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: John O. Connell, M. D.
(Signed) John O. Connell, M. D.
(Address) Cornier, St. Louis

STATEMENT BY LICENSED EMBALMER

I, Thomas L. Ponder....., Licensed Embalmer No. 3367
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Thomas L. Ponder
Licensed Embalmer No. 3367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)