

FEB 16 1938

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

4120
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township _____ Primary Registration District No. _____ Registered No. 250
(c) City St. Louis University City Street No. 601 West Gate U. City St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gerald Stafford Spence 150

(a) Residence, No. 601 West Gate Ave. St. University City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 - 1938 19

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1938, to Feb 6 1938

I last saw him alive on Feb 6/38 1938. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1935
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 10 14

Lobar pneumonia Date of onset Mar 29

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

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Other contributory causes of importance: meningitis Feb 5/35 1 day
pneumococcus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

FATHER 13. NAME Vern A. Spence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Rapids

MOTHER 15. MAIDEN NAME Mary Eastman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Wisc.

17. INFORMANT Vern A. Spence
(ADDRESS) 601 West Gate U. City.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Feb. 8 1938

19. FUNERAL DIRECTOR Alexander House
(ADDRESS) 6175 Delmar Blvd.

20. FILED 2-7 1938 J. R. Meyer M.D. D.P.H. Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) J. P. Coates M. D.
(Address) _____

Jos. P. Cos tella

4500 Olive St.

For. 7 500

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E. No. Karl Kueh or by Karl Kueh, Registered Apprentice No. 11

working under my personal supervision.

Signed J. Wm Binkley
Licensed Embalmer No. 365

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