

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis

Registration District No. 284

Township Jefferson

Primary Registration District No. 200

City Jefferson Barracks (No. 1)

Vet. Hosp.

File No. 33358

Registered No. 7330

St. _____ Ward _____

2. FULL NAME Eugene J. Spencer

(a) Residence, No. 7404 Devonshire Ave., Shrewsbury Park Wrd. Saint Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF _____ OR WIFE OF Jane C. T. Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

79

1

21

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

13. NAME Charles L. Spencer

14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Connecticut

15. MAIDEN NAME Mary E. Parker

16. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Act. Clinical Clerk, VAF Jeffers-
(ADDRESS) son Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE VALHALLA CREEK DATE 9/30

19. UNDERTAKER Wagoner
(ADDRESS) 3621 Olive St.

20. FILED SEP 23 1938 J. R. Meyer, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1938, to September 22, 1938

I last saw him alive on September 22, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Cerebral hemorrhage.

Date of onset 9/16/38

Other contributory causes of importance:

Arteriosclerosis, myocardial degeneration and coronary sclerosis; Hypertension.

Unkn.

Name of operation None Date of operation _____
by Clinical Manif. and Laboratory What test confirmed diagnosis? _____ 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 last injury

(Signed) C. J. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

SEP 23 1938

I hereby certify that the body whose name is recorded
on the reverse side of this certificate was involved.

Edwin C. Grothe

License # 3351