

No. 2  
1-10-39  
17-39  
X21

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16579**  
Registrar's No. **4057**

JUN 15 1940  
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Terrell Spence **152**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Martha Spence 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased May 12 1900  
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
11. Industry or business Coal Industry

MOTHER FATHER { 12. Name John Spence  
18. Birthplace Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Spence  
(b) Address 1016 N 16th St.

17. (a) removed (b) Date thereof 5-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Wm C McDowell  
(b) Address 2601 N Whittier

19. (a) MAY 6 1940 (b) [Signature]  
(If received local health officer) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1016 N 16th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1940 hour 4:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 9, 1940, to April 29, 1940;  
that I last saw him alive on April 29, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension Abt 3-4 yrs  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other)  
Address 2601 N Whittier Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. M. C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**