

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:
St. Luke City Hospital #1 **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days **15 1/2**

3. (a) PRINT FULL NAME MARY ELIZABETH SPENCER

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Spencer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 64 Unknown hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Unknown **9**
18. Birthplace Unknown (City, town, or county) (State or foreign country) **9**
14. Maiden name Unknown
16. Birthplace Unknown (City, town, or county) (State or foreign country) **9**

16. (a) Informant Orlean A. Spencer
(b) Address 2902 Lemp Ave.

17. (a) Burial (b) Date thereof July 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JUL 19 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **24**
(If outside city or town limit, write "RURAL")
(d) Street No. 2902 Lemp Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1940 hour 8 PM minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy gfb

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) (Specify means of injury)

23. Signature Alfred Henry (M. D. or other) **5**
Address 2902 Lemp Ave. Date signed 7/19/40

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 Bernard C. Duncan

Licensed Embalmer No. 2222

P. O. Address 1926 Allen

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.