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5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19091

State File No. ....

Registrar's No. 1284

FILED JUN 22 1942

Registration District No. 787

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)

In this community 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
9

(d) Street No. 1204 Clara Ave  
(If rural, give location)  
1

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Garry H. Spencer

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma H. Spencer 6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased May 2 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 1 7 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation  Clerk (Retired 10 years)

11. Industry or business City of St. Louis Street Dept

12. Name Charles Lafayette Spencer

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

14. Maiden name Mary Elizabeth Parker

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

16. (a) Informant Martha M Taylor

(b) Address 675 W Lockwood N.S.

17. (a) Burial (b) Date thereof 6-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director Metzberg Funeral Home

(b) Address Metzberg Funeral Home

19. (a) JUN 11 1942 (b) E. J. Moxley  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th  
year 1942 hour 5 minute ..... P.M.

21. I hereby certify that I attended the deceased from Oct. 1941  
June 9, 1942, 19....., to....., 19.....  
that I last saw him alive on June 9, 1942, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Indeficiency Several  
Years

Due to Chronic Endocarditis

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?  
(Specify type of place)

While at work..... (e) Manner of injury 0

23. Signature Dr. Theo. J. Keel (M. D. or other)

Address 7465 Hazel Ave Date signed 6/10/42

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

MOTHER FATHER

**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. Wilkinson*

Licensed Embalmer No.....

*3575*

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, fact should be so stated above.