

FILED FEB 23 1943 318

Registration District No. Primary Registration District No. Registrar's No. **1513**

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:
1317 Veronica Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether)
 In this community **Birth**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12 8**
 (c) City or town **St. Louis** **9 8**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1317 Veronica Ave**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Cary A. Spencer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Katherine Spencer** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **November 4, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	3	9 hr. min.

9. Birthplace **Unknown Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk Retired**

11. Industry or business **Globe Democrat**

12. Name **Dr. Charles W. Spencer**

13. Birthplace **Unknown Va. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Baker**

15. Birthplace **Unknown Va. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Charles W. Spencer**

(b) Address **1317 Veronica Ave**

17. (a) **Burial** (b) Date thereof **2/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 16 1943** (b) **J. J. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **13th**
 year **1943** hour **7:40 PM** minute M.

21. I hereby certify that I attended the deceased from **Feb 9**
 19**43** to **Feb 13**, 19**43**

that I last saw him alive on **Feb 13**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** **3 days**
Duration

Due to **Generalized arterio-sclerosis & kidney failure - due to Senility** **5 yrs.**

Other conditions **97**
(Include pregnancy within 3 months of death)

Major findings: Of operations **97**

Of autopsy **97**

PHYSICIAN **97**
 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 **John V. King M.D.** (Specify type of place) (e) Means of injury **0**

23. Signature **John V. King M.D.** (M. D. or other)

Address **307 S. Euclid Ave** Date signed **Feb 15, 1943**

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 *William G. Buchhe*
Licensed Embalmer No. *2119*
P. O. Address *St. Louis Mo*

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.