S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4158

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 676

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 154 days (Specify whether years, months or days)

In this community See above

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Sangamon 999

(c) City or town Springfield 11
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME SPENCER, Charles A.

3. (b) If veteran, name war World I

3. (c) Social Security No. 361 05 6828

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October (Month) 4 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
58	3	13	hr. min.

9. Birthplace Springfield (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business --

MOTHER FATHER

12. Name Amos Spencer

13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

14. Maiden name Mary Howlman

15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Missouri

17. (a) removal Rail (Burial, cremation, or removal) (b) Date thereof Jan. 19, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 7814 S. Broadway

19. (a) 1-21-46 (Date received local registrar) (b) E.B. McDermott M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1946 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from August 16, 1945, to January 17, 1946, that I last saw him alive on January 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
DISEASE OF THE HEART, TYPE UNDETERMINED, WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Due to Contributory Cause. CIRRHOSIS OF LIVER, HYPERTROPHIC.	Unknown
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

124-61

Major findings: Of operations Abdominal paracentesis, Aug. 17, ~~24~~, Sept. 13, 17, Oct. 8, 30, Nov. 3, 13, 26, Dec. 6, 7, 15, 1945 Jan. 4, 1946

Of autopsy No 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) No

(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 (b) Means of injury

23. Signature Harvey E. Sisk, Major, M.C., (M. D. or other) Acting Clinical Director.

Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 1/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.