

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18931**
Registrar's No. **4546**

FILED MAY 31 1946

1003

Registration District No. **518**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(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. Johns Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Matilda Helen Spencer

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Spencer 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Sept 22 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace St. Marys Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name George Yahl
13. Birthplace St. Marys Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Yahl
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Alice Spencer
(b) Address 122 Wilson Ave

17. (a) Burial (b) Date thereof 5-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Quing H. Bopp
(b) Address Kirkwood, Mo

19. (a) MAY 21 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Wilson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 16 minute 15 A. M.
21. I hereby certify that I attended the deceased from
4-15-46, 19, to 5-17-46, 19,
that I last saw her alive on 5-17-46, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Duration 2 hr

Due to Phlebitis, rt leg
Due to _____

Other conditions 1/10
(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 E. H. Bowdoin (M. D. or other) _____
Address 634 N. Grand Date signed 5-18-46

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..... *Felix Durand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 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.