

No. 2
 -5-43
 -17-39
 X36671
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 U.S.G.P.A.

FILED NOV 12 1946
 Registration District No. **346**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 weeks
(Specify whether
 In this community 8 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Louis
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1834 Ofallon St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DORETTA SPENCER.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10- day 30
 year 1946 hour 7/20 minute a M.
 21. I hereby certify that I attended the deceased from 10-19
1946, to 10-30, 1946
 that I last saw her alive on 10-30
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Allen Spencer
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased Aug. 13th, 1918
(Month) (Day) (Year)

Immediate cause of death:
Paralytic Ileus
 Due to Appendicitis,
Ovarian cyst
 Due to Operation
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	28	2	17	hr. _____ min. _____

Major findings:
 Of operations Acute Appendicitis
Rt. ovarian cyst.
 Of autopsy _____

9. Birthplace Vidalia La.
(City, town, or county) (State or foreign country)
 10. Usual occupation Maid
 11. Industry or business Forest Pk. Hotel
 12. Name Rev. M. Woodside.
 13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Katie
 15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

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) Means of injury _____
 23. Signature A. H. Hughes (M. D. or other) _____
 Address 117 1/2 ... Date signed 10-30

16. (a) Informant Allen Spencer
 (b) Address 1834 Ofallon St.
 17. (a) Burial (b) Date thereof 11-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson Cem.
 18. (a) Signature of funeral director Ellis Fun: Home
 (b) Address 2320 Stoddard St
 19. (a) OCT 31 1946 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

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. *L Boy*
94

.....
working under my personal supervision.

Signed

Lommie Boy

Licensed Embalmer No. *294*

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.