

No. 2
2-45
17-39
X47070

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

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
1736 Mississippi Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 years (Specify whether 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. 1736 Mississippi Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME COLLIE BURNS SPENCE

3. (b) If veteran, name war nil

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna A.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 23, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Conductor (retired)

11. Industry or business Railroad

MOTHER FATHER

12. Name George Spence

13. Birthplace ? England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wadsworth

15. Birthplace ? England
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Spence

(b) Address 1736 Mississippi Avenue

17. (a) Removal (b) Date thereof 5-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington, Illinois

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address MAY 5 2301 Lafayette Avenue

19. (a) MAY 5 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1947 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 22 1947 to May 3 1947
that I last saw him alive on May 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Ch. Septicemia
Hypertension

Due to _____

Due to _____

Other conditions 12/1
(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? _____

23. Signature B. E. Mailler (M. D. or other) 0
Address 3537 S. Jefferson Date signed 5/5/47
(Specify type of place) (c) Means of injury

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..... *C W Cooper*.....

Licensed Embalmer No. *5830*.....

P. O. Address. *2301 Lafayette Avenue*.....

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.