No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33046

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8650

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: 4958 Highland Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4958 Highland Ave. (If rural, give location) 6 9
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Charles L. Spencer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1886 (Year)

8. AGE: Years 61 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Advertising Dept.
11. Industry or business S.W. Bell Telephone Co.

MOTHER FATHER
12. Name Patrick Spencer
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Hennessy
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Spencer
(b) Address 4958 Highland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) SEP 14 1947 (Date received by local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-2, 1947 to 9-13, 1947 and that I last saw him alive on 9-12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Thrombosis Coronary Artery	Several hours
Due to: MI	
Due to: 44	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of 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
(e) Means of injury

23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 9-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mil

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.