S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33047

FILED OCT 4 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8810

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois 94

(c) City or town: Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 306 Fite 1
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: FLEMING RUDY SPENCER

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Vada Spencer

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: November (Month) 17 (Day) 1885 (Year)

8. AGE: Years 61 | Months 10 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace: Bonne Terre (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: Conductor

11. Industry or business: Mo.- Ill. R.R.

FATHER
12. Name: Linville S. Spencer
13. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Jenny Rudy
15. Birthplace: Farmington (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Vada Spencer
(b) Address: Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Doe Run, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) SEP 19 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 17 year 1947 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from SEPT. 14, 1947, to SEPT. 17, 1947 and that I last saw him alive on SEPT. 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	
Due to: —	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

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): —
(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: 0

23. Signature: C. H. Johnson, M. D. (M. D. or other)
Address: 1755 So. Broad Date signed: 9/17/47

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

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

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..... Guy W. Wilkinson

Licensed Embalmer No. 3575 3575

P. O. Address.....

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.