3. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36291

FILED NOV 7 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9941

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 Mo-Pac Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Hours
In this community 9 Months & 18 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1420 Monroe St. 9
(If rural, give location)

26 — (e) Citizen of foreign country? (Yes or No) J

If yes, name country

3. (a) PRINT FULL NAME Lester LeRoy Spicer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male J

5. Color or race white

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 January (Month) 9th. (Day) 1947 (Year)

8. AGE: Years | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O

10. Usual occupation none

11. Industry or business

FATHER
12. Name Dorris L. Spicer /
13. Birthplace Arkansas. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wanetta Simpson.
15. Birthplace Illinois. / (City, town, or county) (State or foreign country)

16. (a) Informant Dorris L. Spicer
(b) Address 1420 Monroe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) OCT 28 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th. year 1947 hour 7:20 PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? (Specify type of place) 3
While at work? (e) Means of injury

23. Signature Patrick E. Taylor Dep. Cor (M. D. or other)
Address 1300 Clark Date signed 10-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.