

FILED FEB 20 1948

State File No. ....

1278

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. ....

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. Baptist Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **A Few Hours**  
 In this community **Approx. 45 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County.....  
 (c) City or town **Kirkwood**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **605 Norton Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

96  
4  
3  
1

3. (a) PRINT FULL NAME **CARRIE SPENCER**  
 3. (b) If veteran, name war..... **None** 3. (c) Social Security No. ....  
 4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced..... **Widow 2**  
 6. (b) Name of husband or wife..... **Late J. Burney** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **Aug. 10 1872**  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb.** day **6**  
 year **1948** hour **7:30** minute..... A. M.  
 21. I hereby certify that I attended the deceased from **years**  
 ..... 19..... to..... 19.....  
 that I last saw her alive on **2/4/48** 19.....  
 and that death occurred on the date and hour stated above.

Duration  
54.

Immediate cause of death.....  
**Pneumonia**  
**Acute Interstitial Nephritis**  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (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.

8. AGE: Years Months Days If less than one day  
**75 5 26** hr. min.

9. Birthplace..... **Centralia Ill.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....  
 12. Name **Unknown Penn**  
 13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **B. B. Bondurant**  
 (b) Address **420 E. Jefferson, Kirkwood**  
 17. (a) **Removal (Mtr.)** (b) Date thereof **2-9-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Nashville, Ill.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**  
 (b) Address **4228 So. Kingshighway Bl.**

19. (a) **FEB 6 1948** (b) **J. T. Braddock**  
 (Date received to fil registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)..... **None**  
 (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.....  
 Signature **Frank P. Gault** (M. D. or other) **MD**  
 Address **132 N. GORE, Webster Groves Mo.** Date signed **2/6/48**

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

13-7-76

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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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.