No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 3067

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 7284

Registrar's No. 401

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Maplewood, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home, (If not in hospital or institution, write street, number or location) 4

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community Life time, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County nd

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

(d) Street No. 1953 Alfred Ave., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Mary E. Spencer,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December 13, 1856, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	1	26	hr. min.

9. Birthplace St. Louis, Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired school teacher,

11. Industry or business

FATHER

12. Name Charles L. Spencer,

13. Birthplace Detroit, Michigan, (City, town, or county) (State or foreign country) 1

MOTHER

14. Maiden name Mary E. Parker,

15. Birthplace Mt. Vernon, Indiana. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mr. Alvin Spencer,

(b) Address 1953 Alfred Ave.,

17. (a) burial, (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary,

(b) Address 4161 Lindell Blvd.

19. (a) 2-12-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1948 hour 7:00 P minute 30 P M.

21. I hereby certify that I attended the deceased from April 8, 1944 to Feb. 9, 1948 that I last saw her alive on Feb. 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis and Encephalopathy	2 Mo.
Due to: Generalized arteriosclerosis	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

87d

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)

While at work? (e) Means of injury 0

23. Signature H. A. Gudrich (M. D. ~~or other~~)

Address 19 E. Lockwood Date signed 2/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mr. H. A. Goodrich,
19 E Lockwood.

APR 12 1948

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. Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St. Louis Mo

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.