

S. No. 2
1-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11132

State File No.

Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 734

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
407 Jefferson Ave.
(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. Louis 96

(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. 407 Jefferson Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Spencer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Manda 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 15 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1948 hour Two minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-2-46, 19____, to 3-28-48, 19____;
that I last saw him alive on 3-18-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>11</u>	<u>3</u>	_____ hr. _____ min.

Due to the infirmities of advanced age.

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.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Sharp Spencer

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Manda Spencer
(b) Address 407 Jefferson Ave., Valley Park

17. (a) Burial (b) Date thereof 3/20/48
(Burial, organation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 3-19-48 (b) Beulah [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
Mode 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 2

23. Signature J. M. Cottingham (M. D. or other) D.O.
Address Valley Park, Missouri Date signed 3-19-48

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 Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.